

Case Number:	CM14-0196773		
Date Assigned:	12/04/2014	Date of Injury:	04/23/2014
Decision Date:	02/03/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, the injured worker is a 50 year-old male with a date of injury of 04/23/2014. The result of the injury was right thigh injury. Diagnoses included right femoral shaft fracture. Diagnostic studies have included an x-ray of the right lower extremity, dated 04/23/2014, which was remarkable for recurrent fracture of the right femoral shaft. Treatments have included medications, physical therapy, and surgical intervention. Medications have included Norco, Keflex, Colace, and Aspirin. Surgical intervention has included an open reduction and internal fixation of the right femur and use of intraoperative fluoroscopy, performed on 04/24/2014. A progress note from the treating physician, dated 05/08/2014, noted that injured worker has used a walker, crutches, and a left knee brace. As of this date, the injured worker is off duty at work and non-weight-bearing on the right lower extremity. Orthopedic evaluation, dated 06/06/2014, lists an x-ray of the right femur as showing status post open reduction and fixation of the right femur; stable exam. The physician noted that the injured worker has been continuing with post-operative physical therapy treatments. A progress note from the orthopedic physician, dated 10/10/2014, lists the injured worker's work status as modified duty with no squatting, kneeling, climbing, or bending. At this time, subjective data reported by the injured worker included bilateral knee pain. Objective data noted by the treating physician included right knee having range of motion at 0 to 110 degrees, no varus or valgus instability, and weakness over the vastus medialis oblique muscle. Left knee exam was noted as having range of motion at 0 to 90 degrees, medial joint line tenderness, and no effusion. This physician documents that he is recommending additional therapy two times a week for 4 weeks. Request is being made for 8 sessions (2 times a week for 4 weeks) physical therapy to the bilateral knees. On 10/27/2014, Utilization Review non-certified a prescription for 8 sessions (2 times a week for 4 weeks) physical therapy to the bilateral knees. Utilization

Review non-certified a prescription for 8 sessions (2 times a week for 4 weeks) physical therapy to the bilateral knees based on limited documentation attached for review, lack of exam/imaging information, and the non-establishment of medical necessity. The Utilization Review cited the CA MTUS Chronic Pain Medical Treatment Guidelines: Physical Medicine: Physical Medicine Guidelines. Application for independent medical review was made on 10/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8-sessions (2 times a week for 4 weeks) physical therapy to the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98-99.

Decision rationale: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. 8-sessions (2 times a week for 4 weeks) physical therapy to the bilateral knees is not medically necessary.