

<b>Case Number:</b>	CM14-0208340		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal 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:

The injured worker (IW) is a 74-year-old woman with a date of injury of December 5, 2013. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses of closed fracture pelvis; and fracture sacrum closed. There is one primary Treating Physician's Progress Report (PR-2) in the medical record dated June 26, 2014. Within the one progress note, the provider summarizes prior visits from January 16, 2014 through June 26, 2014. The entry dated March 13, 2014 indicates the IW is feeling much better do to an epidural done on March 3, 2014. MRI showed fracture of the sacrum. She was instructed to avoid physical therapy (PT) until the sacrum fracture is fully healed. According to the entry dated April 3, 2014, the IW has been set up to receive PT through [REDACTED]. She is no longer having pain along the pubic ramus. She is taking Percocet for pain. The entry dated April 24, 2014 indicates the IW continues PT through [REDACTED]. She is off narcotics. She is driving and doing well. On June 26, 2014 (the most recent PR-2), the IW reports she has trouble sitting for long-periods of time. She is working 3 days per week. Objectively, there is sacrum and right buttocks tenderness. She is ambulating with a cane. There are no PT progress notes in the medical record. It is unclear as to the total number of PT sessions the IW has had to date. There is no evidence of objective functional improvement associated with prior PT. There are no recent progress notes from the primary treating physician or indications for the current request for PT. The current request is for physical therapy 2 times a week for 4 weeks to the pelvis and sacrum, and orthopedic consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice a week for four weeks to the pelvis and sacrum: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pelvis Section, Physical Therapy

**Decision rationale:** Per guidelines, patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. In this case, there are progress notes medical record. One is dated June 26, 2014 and the other is dated May 22, 2014. The working diagnoses are closed fracture pelvis unspecified; and fracture sacrum closed/CRD Inj unspecified. The subjective and objective findings reference "see addendum". The treatment plan references "see addendum." The addendum in the medical record covers treatment through June 26, 2014. There are no recent progress notes to assess the need for physical therapy. Consequently, there is no documentation in the medical record from the treating physician to review regarding the injured workers subjective symptoms and objective clinical findings. There is no recent treatment plan in the record. There are no physical therapy records or clinical evidence of objective functional improvement with physical therapy. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, physical therapy two times per week for four weeks of the pelvis and sacrum is not medically necessary.

**Orthopedic Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 7, page 127 and on the Official Disability Guidelines (ODG); Pain Section, Office Visits

**Decision rationale:** Per guidelines, a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. In this case, there are two progress notes in the medical record. One dated June 26, 2014 and the other dated May 22, 2014. The working diagnoses are closed fracture pelvis unspecified; and fracture sacrum closed/CRD Inj unspecified. The subjective and objective findings reference "see addendum". The treatment plan references "see addendum." The addendum in the medical record covers treatment through June 26, 2014. Consequently, there is no recent documentation in the medical record from the treating physician to review regarding the injured workers subjective symptoms and objective clinical findings. There is no recent treatment plan in the record. There are no physical therapy records or clinical evidence of objective functional improvement. There is no clinical information in the

medical record to support the need for consultation orthopedic services. Consequently, orthopedic consultation is not medically necessary.