

Case Number:	CM14-0057067		
Date Assigned:	07/02/2014	Date of Injury:	07/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 43 year old male, who sustained an industrial injury on July 12, 2012. He reported he was knocked down by freeway cement divider. The injured worker was diagnosed as having right knee saphenous n. entrapment, right femur retained hardware. Treatment to date has included Magnetic resonance imaging saphenous and X-rays right femur. Currently, the injured worker complains of pain, swelling, weakness and numbness. In a progress note dated February 27, 2014, the treating provider reports lateral right 3 distal screws, saphenous entrapment, neuritis, the plan is for screw removal, ablation of saphenous N right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Physical Therapy 3xWkx6Wks Right Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface, Physical Therapy Guidelines.

Decision rationale: Regarding the request for PT, CA MTUS does not specifically address the issue. ODG notes that, in general, 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 a negative direction (prior to continuing with the physical therapy). Within the documentation available for review, it is noted that the patient underwent extensive PT after a femur fracture. Currently, there appears to be a pending hardware removal and saphenous nerve ablation. While a few sessions of PT appear appropriate, there is no clear rationale for 18 PT sessions after this procedure and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested PT is not medically necessary.