

Case Number:	CM15-0102723		
Date Assigned:	06/05/2015	Date of Injury:	10/25/2014
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 49 year old male who sustained an industrial injury on 10/25/14. The injured worker was diagnosed as having left distal radius fracture status post open reduction and internal fixation, clavicular fracture, lumbar spine sprain/strain and left patellar fracture. Currently, the injured worker was with complaints of left knee discomfort. Previous treatments included status post open reduction and internal fixation of the nasal fracture, status post open reduction and internal fixation of the left wrist fracture. Previous diagnostic studies included radiographic studies revealing probably early healing non-displaced comminuted fracture of the left patella status post open reduction and internal fixation with suprapatellar and infrapatellar soft tissue swelling and probably mild degenerative arthritis involving the medial part of the left knee joint. Physical examination of the lumbosacral spine was notable for tenderness to the paralumbar musculature, thoraco-lumbar junction facets and right greater sciatic notch. The plan of care was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient is a 49 year old male who fell from a height of 20 feet on 10/25/2014 and sustained multiple fractures. He had an open reduction internal fixation of nasal fracture, left distal radius fracture and left patella fracture. On 04/14/2015 it was noted that a screw was protruding from the left patella. He has completed post operative physical therapy. By this point in time he should have been transitioned to a home exercise program. There is no documented objective superiority of continued formal physical therapy over a home exercise program. Also, the requested 12 visits for further physical therapy is not consistent with Chronic Pain, Physical Medicine guidelines which allow for a maximum of 8 to 10 physical therapy visits. Therefore the request is not medically necessary.

Physical Therapy for the left wrist, twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient is a 49 year old male who fell from a height of 20 feet on 10/25/2014 and sustained multiple fractures. He had an open reduction internal fixation of nasal fracture, left distal radius fracture and left patella fracture. On 04/14/2015 it was noted that a screw was protruding from the left patella. He has completed post operative physical therapy. By this point in time he should have been transitioned to a home exercise program. There is no documented objective superiority of continued formal physical therapy over a home exercise program. Also, the requested 12 visits for further physical therapy is not consistent with Chronic Pain, Physical Medicine guidelines which allow for a maximum of 8 to 10 physical therapy visits. Therefore the request is not medically necessary.