

Case Number:	CM15-0103086		
Date Assigned:	06/05/2015	Date of Injury:	04/22/2011
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old male who sustained a work related injury April 22, 2011. He tripped over an electrical cord and injured his right hip and had a closed head injury. He was diagnosed with a right femoral neck fracture and underwent surgical intervention. He was admitted to a post-acute care facility from April 25, 2011-May 17, 2011, where he received physical and occupational therapy. He developed a staph infection, right groin, and was treated. He went to an assisted facility, as he was wheelchair bound, and his home was not wheelchair ready. Past history also included chronic pain and gait derangement; right hip fracture with leg length discrepancy; renal failure (on dialysis 3/week non-industrial); insulin dependent diabetes; diabetic neuroretinitis; hypertension; s/p right hip reconstruction surgery September 25, 2013, commuted fracture, left knee with open reduction and internal fixation November 18, 2014. According to a primary treating physician's progress report, dated May 5, 2015, the injured worker presented in a wheelchair and is resting weight-bearing with his left knee. He reports improved left knee pain. He is currently residing in a nursing home, pending corrective work to his home to accommodate a wheelchair. The left knee has a stabilizing brace and he is somewhat tender about the lateral proximal knee, no skin breakdown noted diffuse soft tissue prominence approximately 2-3cm. He is able to stand up from the wheelchair, touch down, weight bear and remove his pants for examination. Diagnoses are right hip fracture with leg length discrepancy; chronic pain and gait derangement; closed head injury; renal failure; insulin dependent diabetes; left knee commuted fracture. At issue, is the request for authorization 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 right hip, twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy for the right hip, twelve sessions is not medically necessary and appropriate.