MAXIMUS Federal Services

Case Number:	CM15-0109162		
Date Assigned:	06/15/2015	Date of Injury:	06/12/2014
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 72-year-old who has filed a claim for chronic wrist, hand, knee, leg, and thigh pain reportedly associated with an industrial injury of June 12, 2014. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy. The claims administrator noted that the applicant had undergone a right femur ORIF surgery on June 14, 2014. The claims administrator referenced an April 23, 2015 progress note in its determination. The claims administrator suggested that the applicant had failed to profit with earlier unspecified amounts of physical therapy. The applicant's attorney subsequently appealed. On February 27, 2015, the applicant reported ongoing complaints of hip pain, 1/10. X-rays demonstrated arthritic changes about the knee and callus formation with indwelling hardware about the femur. The applicant was given diagnosis of malunion of right subtrochanteric femur fracture and knee arthritis. Physical therapy was sought at this point. The applicant was asked to follow up on a p.r.n. basis. The applicant was using Motrin for pain relief. The applicant had not returned to work as of this point, it was acknowledged. On April 23, 2015, the applicant reported ongoing complaints of hip, thigh, and knee pain. The applicant was described as having a femoral varus deformity above the earlier fixated fracture. The attending provider posited that the applicant needed physical therapy for ambulation training purposes. The applicant was asked to follow up in six weeks time. The applicant was described as having a significant gait imbalance. A heel lift was suggested at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of additional physical therapy to right hip/femur: Overturned

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 Medicine Page(s): 99.

Decision rationale: Yes, the request for 12 additional sessions of physical therapy to the hip and femur was medically necessary, medically appropriate, and indicated here. While the 12-session course of physical therapy at issue does represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, here, the applicant appeared to have a degree of impairment above and beyond that encapsulated in the guideline. The applicant had undergone a failed hip ORIF procedure. The applicant developed a hip fracture malunion, it was suggested above. The applicant had a variety of other comorbidities, including age (72) and advanced knee arthritis. The applicant had also apparently developed a fresh fracture above the site of the ORIF procedure, the treating provider reported on April 23, 2015. Additional treatment slightly beyond MTUS parameters was, thus, indicated to ameliorate the applicant's fairly pronounced impairment and residual gait derangement appreciated on the April 23, 2015 office visit in question. Therefore, the request was medically necessary.