

<b>Case Number:</b>	CM15-0142331		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Massachusetts

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 59 year old female, who sustained an industrial injury on September 3, 2014. She reported left leg pain. The injured worker was diagnosed as having left tibial plateau fracture. Treatment to date has included physical therapy, x-rays, electrodiagnostic study, surgery, medication, MRI, home exercise program and assistive device (cane). Currently, the injured worker complains of knee stiffness, left foot numbness and lower back pain. The injured worker is diagnosed with a left tibial plateau fracture, post ORIF. Her work status is temporary total disability. In a note dated March 11, 2105, it states the injured worker is experiencing benefit from physical therapy. A physical therapy note dated April 30 2015, states the injured worker experiences increase pain without activity ranging from 0 to 8-10 on 10. A physical therapy note dated June 8, 2015 states the injured worker is progressing toward her goals. A note dated April 30, 2015, states the injured worker would like to try physical therapy as she does not want injections. The note also states she is slowly improving and is no longer using a cane, but has very minimal quadriceps strength and would benefit from physical therapy; therefore, outpatient post-op physical therapy for the left knee is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post Op physical therapy left knee (outpatient): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and underwent ORIF for a left tibial plateau fracture. As of 06/02/15 she had completed 19 physical therapy treatments which included instruction in a home exercise program. When seen, there was improved strength and endurance. There was normal range of motion. She was having left foot numbness and pain and there was left finger triggering. An additional 8 therapy treatments were requested. Guidelines address the role of therapy after a tibial fracture with a postsurgical physical medicine treatment period of 6 months and up to 30 physical therapy visits over 12 weeks with a post-surgical treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.