

Case Number:	CM15-0145399		
Date Assigned:	08/06/2015	Date of Injury:	04/27/2014
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii

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 61 year old male, who sustained an industrial injury on 04-27-2014. He has reported injury to the left lower extremity. The diagnoses have included left femur fracture; left knee pain; left knee arthrofibrosis; status post open reduction internal fixation of left mid to distal third femur fracture and intracondylar distal femur fracture, on 04-28-2014; and status post complex left femur fracture with delayed healing. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Norco. A progress report from the treating provider, dated 05-26-2015, documented a follow-up visit with the injured worker. The injured worker reported that he has been going to physical therapy, which he states has been very helpful and beneficial; he is no longer on two crutches; he walks on it with one crutch or a cane; it is still sore, stiff, and achy; he fatigues easily; he has difficulty walking more than a few blocks at any one time; and he is still significantly affected emotionally. Objective findings included well-healed scars on the left lower extremity; no effusion or synovitis of the knee; and he has full extension and full flexion of the knee. The treatment plan has included the request for additional physical therapy x 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with pain in his left thigh and knee. He continues to have difficulty with ambulation without the use of walking aids. The current request is for 8 additional session of physical therapy. The treating physician states on 5/26/15 (18B) "I recommend this patient continue with additional physical therapy visits since he is gaining improved strength." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The clinical history documents that this patient completed 16-post operative physical therapy session and has additionally completed another 20 physical therapy sessions for a total of at least 36 completed PT sessions. The current request for 8 additional sessions exceeds what MTUS allows for this type of condition. The current request is not medically necessary.