

Case Number:	CM15-0024978		
Date Assigned:	02/17/2015	Date of Injury:	04/03/2014
Decision Date:	03/27/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 4/3/14 involving a fall where she sustained right knee fracture. She has a history of L2-3 numbness on the right side and scoliosis. She currently is experiencing constant, achy right knee pain with pain intensity of 3/10. The injured worker uses a walker because she fears falling. Medications include Norco. Diagnoses include pathologic fracture of neck of femur; osteoporosis; stiffness of knee joint and lower leg. Treatments include physical therapy which is helpful for a few months but when it is stopped she has recurrence of pain. Diagnostics include x-ray of the right knee revealing subtle fracture. In the progress notes dated 12/22/14 and 1/5/15 the treating physician requests continued home physical therapy to acclimate her to her home surroundings as she has great fear of falling. On 1/30/15 Utilization review non-certified the request for home physical therapy 2 times a week for 3 weeks to the right knee, six visits citing MTUS: Chronic Pain Medical Treatment Guidelines: Physical Medicine and ODG: Knee & Leg: Physical Medicine Treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy 2x Wk x 3Wks for Right Knee Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and knee chapter/ physical medicine

Decision rationale: According to the guidelines, up to 18 sessions can be provided for the knee in the event of a femur fracture. In this case, the claimant had a pathological fracture. She had completed an unknown amount of therapy sessions with short-term benefit. The request for additional 6 sessions of therapy is not warranted nearly a year after the injury. The claimant has been performing home exercises. The request for additional therapy is not medically necessary.