MAXIMUS Federal Services

Case Number:	CM15-0219561		
Date Assigned:	11/12/2015	Date of Injury:	06/09/2015
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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 an 84 year old female, who sustained an industrial-work injury on 6-9-15. The injured worker was diagnosed as having right femoral neck fracture and gait abnormality. Treatment to date has included medication: Tylenol as needed and physical therapy. Currently, the injured worker complains of femur discomfort but is doing well, walking without the cane for community distances. Per the primary physician's progress report (PR-2) on 9-25-15, exam noted hip flexion 5 out of 5 bilaterally, right hip abduction is 5 out of 5, pain free range of motion bilaterally, ambulation is steady with a cane on level surfaces, left dorsiflexion at ankle is 4 out of 5. Tylenol is not being used. There is a pre-existing left foot slap that is well compensated with use of an AFO (foot orthosis). Current plan of care includes continue outpatient physical therapy until goals are met. The Request for Authorization requested service to include Physical therapy 1-2x weekly for the right femoral neck Qty: 6. The Utilization Review on 10-13-15 denied the request for Physical therapy 1-2x weekly for the right femoral neck Qty: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2x weekly for the right femoral neck Qty: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right hip pain. The request is for physical therapy 1-2x weekly for the right femoral neck QTY: 6. The request for authorization form is not provided. The patient is status post closed reduction and percutaneous screw fixation of right hip, 06/10/15. Patient's diagnoses include right femoral neck unspecified type fx; gait abnormality. Physical examination reveals hip flexion 5/5 bilaterally, right hip abduction is 5/5. Has pain free range of motion bilaterally. Ambulates steadily with cane on level surfaces. Left dorsiflexion at ankle is 4/5. Per progress report dated 09/25/15, the patient is returned to modified work. MTUS post-surgical guidelines, pages 23, Hip, Pelvis and Thigh (femur) Section recommends: Fracture of neck of femur (ICD9 820):-Postsurgical treatment: 24 visits over 10 weeks-Postsurgical physical medicine treatment period: 4 months Per progress report dated 09/25/15, treater's reason for the request is "Continue outpatient PT until goals are met." In this case, the patient is within the postsurgical treatment period. And patient continues with hip pain. Given the patient's condition, continued short course of Physical Therapy would appear to be indicated. Per progress report dated 08/11/15, treater states, "Has attended seven sessions of PT, physical therapist is recommending to continue." MTUS supports up to 24 visits over 10 weeks. The request for 6 additional visits of Physical Therapy is within MTUS guidelines for this postsurgical condition. Therefore, the request is medically necessary.