

Case Number:	CM15-0036573		
Date Assigned:	03/05/2015	Date of Injury:	09/07/2014
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey

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 42 year old male who sustained an industrial injury on 09/07/2014. Current diagnoses include fracture, unspecified body part, femur, thigh, upper leg, status post surgery, and fracture unspecified part, closed tibia alone. Previous treatments included medication management, right leg surgery on 09/08/2014, and physical therapy. Report dated 03/06/2015 noted that the injured worker presented with complaints that included leg pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The injured worker has completed 12 prior sessions of physical therapy per the utilization reviewer. Utilization review performed on 02/17/2015 non-certified a prescription for physical therapy 3 times per week for 2 weeks for the right leg, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for 12 weeks for the right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Post-Surgical Treatment Guidelines states that following a fracture of the femur bone and/or tibia bone and surgical intervention (ORIF), up to 30 physical therapy visits over 12 weeks may be recommended, followed by unsupervised home exercises after sufficient instructions for such have been passed on to the patient. In the case of this worker, who had completed 12 sessions of physical therapy following his right leg surgery, it is reasonable to add on an additional 6-18 more physical therapy sessions, if benefiting from them. It appeared that the worker benefited from the prior sessions to warrant continuation, albeit delayed. However, the request was for 36 additional physical therapy sessions, which is likely more than needed. Therefore, the request for physical therapy three times a week for 12 weeks for the right leg will be considered medically unnecessary.