

<b>Case Number:</b>	CM15-0053342		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	10/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 52-year-old male, who sustained an industrial injury on October 14, 2014. He reported being struck by a passing car while changing a tire on a trailer, suffering an open book fracture of the pelvis, bilateral iliac fractures, and pubic rami fracture, as well as several broken teeth. The injured worker required an open reduction internal fixation of the right SI joint and transection of the left SI joint with a screw, and transferred to rehabilitation. The injured worker was diagnosed as having pelvic fracture. Treatment to date has included pelvic x-ray, occupational therapy, speech therapy, physical therapy, pelvic surgery, and medication. Currently, the injured worker complains of pain and numbness in the right thigh and pain in the left hip. The Treating Physician's report dated February 9, 2015, noted the injured worker as touchdown weight bearing on the right lower extremity, continuing using a wheelchair. The Physician noted the injured worker's strength appeared to be limited by pain. X-rays demonstrated good position of the hardware, with continued diastasis of the symphysis pubis, with fractures healing. The Physician noted the plan included weight bearing as tolerated to the bilateral lower extremities, physical therapy referral, and follow up in two months with repeat x-rays.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times three sessions a week for six weeks for the pelvis: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks to the pelvis is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post open reduction internal fixation right ileum and left sacroiliac screw on October 16 2014. The medical record contained details in-hospital progress notes. The total number of physical therapy sessions to date is unclear from the documentation. The treating physician requested 12 physical therapy sessions to the pelvis. The guidelines recommend a six visit clinical trial to see if the injured worker is moving in a positive direction, no direction or negative direction prior to continuing with physical therapy. The treating physician exceeded the recommended guidelines for six visits. Consequently, absent compelling clinical documentation in excess of the recommended guidelines for six visits, physical therapy three sessions per week times six weeks is not medically necessary.