

Case Number:	CM14-0131549		
Date Assigned:	08/20/2014	Date of Injury:	04/28/2014
Decision Date:	09/19/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35-year-old male police officer sustained an industrial injury on 4/28/14. The patient sustained a grade 1 open comminuted distal left tibia/fibula fracture while chasing a suspect. The patient underwent irrigation, debridement, and intramedullary nail fixation and open reduction and internal fixation of the posterior malleolus fracture. The patient completed 18 visits of post-operative physical therapy as of 7/24/14. Physical therapy chart notes indicated the patient had improved active range of motion and ambulation. Additional treatment goals included increased functional strength in the left leg, improved left ankle range of motion, and safe progression of weight bearing during gait. The 7/28/14 treating physician progress report cited significant grade 3-7/10 pain at the fracture site, left knee and plantar aspect left foot. Knee pain was exacerbated with going up and down uneven surfaces. Foot pain occurred primarily when he first got up in the morning. Complaints were reported consistent with some type of intra-articular left knee pathology and plantar fasciitis. Left knee exam documented medial joint line tenderness with no gross instability or effusion. There was tenderness to palpation over the plantar aspect of the left foot with no significant swelling. X-rays showed persistent radiolucency at the tibial shaft fracture line but the ankle portion appeared well-healed. Joint space was maintained and no fixation failure was noted. The treatment plan recommended a night splint for plantar fasciitis and left knee MRI. Continued physical therapy was recommended 3 times per week for 6 weeks. A bone growth stimulator was ordered given the persistent radiolucency at the fracture zone. The 8/12/14 utilization review denied the request for 18 additional post-operative physical therapy visits as there was no documentation of specific fracture site or response to prior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op PT 18 visits, Lt Leg & Ankle Fracture: Overturned

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

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

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Postsurgical Treatment Guidelines, Fracture of tibia and fibula, page 24. The Expert Reviewer's decision rationale: The California MTUS Post-Surgical Treatment Guidelines for fracture of the tibia and fibula recommends, "A general course of 30 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." This patient has completed 18 initial post-operative visits with improvement documented in range of motion and ambulation. Additional functional treatment goals are noted relative to left leg strength, improved left ankle range of motion, and progression of weight bearing and gait. The request for additional treatment exceeds the general recommended course of care but is consistent with functional treatment goals to return this patient to full duty as a police officer. Therefore, this request is medically necessary.