

Case Number:	CM14-0138949		
Date Assigned:	09/05/2014	Date of Injury:	11/29/2013
Decision Date:	10/14/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/27/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The injured worker is a 37 year old male who sustained an injury to his left leg on 11/29/13. Progress report dated 02/07/14 report noted that the injured worker was last seen on 01/10/14 with diagnosis of left femur fracture. Treatment recommended was conservative therapy and follow up for four weeks. He reported that his symptoms were slightly improved in his left femur and slightly worse in his left knee since the last visit. Current complaints were increased pain in his left knee, but he felt that the pain in his left leg decreased overall. There was no imaging study provided for review. Progress report dated 07/03/14 noted that the injured worker complained of minimal pain at 5/10 Visual Analog Scale (VAS). He had concern that his strength was not 100% yet and would like to increase his therapy visits. Physical examination noted no significant tenderness to palpation; range of motion stable; muscle strength 5/5 with slight deficit during isokinetic testing by therapist; and sensation intact. The injured worker reported that he was slowly progressing. He just started running and the therapist noted deficits in that regard with isokinetic testing. The injured worker was recommended to continue physical therapy to address remaining functional deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy left leg 2 x 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) Knee and leg chapter, Physical medicine treatment

Decision rationale: The request for continued physical therapy to the left leg two times a week times three weeks is not medically necessary. Physical therapy notes provided for review did not indicate the amount of physical therapy visits that the injured worker had completed to date or the response to any previous conservative treatment. The patient stated that he is slowly progressing. There was no mention that a surgical intervention has been performed. The Official Disability Guidelines (ODG) recommend up to 18 visits over eight weeks for the diagnosed injury with allowing for fading of treatment frequency from up to three visits per week to one or less, plus active self-directed home physical therapy. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for continued physical therapy to the left leg two times a week times three weeks is not medically necessary.