

Case Number:	CM14-0180532		
Date Assigned:	11/05/2014	Date of Injury:	05/25/2014
Decision Date:	12/09/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/30/2014

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 Minnesota. 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 38 year old male who was hit by a car while getting out of his vehicle on 5/25/2014. He sustained multiple injuries including a head injury with skull fracture, injuries to left ankle, bilateral knees, left lower leg, right femur, and right forearm. The worker underwent open reduction and internal fixation with intramedullary nailing of a right femoral shaft fracture on 5/25/2014. Post-operatively he has received 16 physical therapy visits per PT report dated 10/20/2014. He complains of morning stiffness in the right hip which resolves quickly. There is no recommendation to continue physical therapy. The disputed issue pertains to a request for 10 physical therapy visits that was non-certified by UR on 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (visits) quantity 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 11, 24.

Decision rationale: The California MTUS post-operative physical therapy guidelines for a fracture of other and unspecified parts of femur (femoral shaft) indicate post-surgical treatment of 30 visits over 12 weeks. The post-surgical physical medicine treatment period is 6 months.

The initial course of therapy is 15 visits and with documentation of functional improvement a subsequent course of therapy may be prescribed within these parameters. If it is determined that additional functional improvement can be accomplished it can be continued up to the end of the post-surgical period. 16 visits were completed and documentation does not indicate continuing functional improvement. Only some stiffness remains in the morning which rapidly subsides. Therefore the medical necessity for a subsequent course of therapy is not established per guidelines. The request for 10 visits is therefore not medically necessary.