

Case Number:	CM15-0178517		
Date Assigned:	09/18/2015	Date of Injury:	09/08/2013
Decision Date:	11/06/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injury on 9-8-13 resulting when a tractor ran into him and crushed his left leg. He had a left femur fracture and had surgery the following day, and in October 2013 underwent a second procedure to remove an infection. A third surgery was performed in March 2014 to remove a screw. He has been treated with extensive therapy on the left knee and leg. X-rays done on 3-4-15 reveal a well healed femoral shaft fracture; femoral rod is in good position. The physical examination of the left leg reveals well-healed surgical scars over the hip lateral thigh in the distal thigh; some tenderness over the lateral aspect of the thigh and over the medial aspect of the knee. Hip range of motion is full in flexion and extension without crepitus or pain; left knee reveals no effusion; range of motion is from full extension to 120 degrees in knee flexion. MRI left knee shows chondromalacia of the patellofemoral joint; no meniscal tears. He continues to have persistent left thigh pain following intramedullary rodding of his left femur fracture. The evaluation on 7-8-15 indicates he has had treatment with physical therapy and aqua therapy and continues to have pain and states the thigh pain has improved and the symptoms are tolerable. The physical examination left leg reveals no deformity, erythema or edema; well-healed surgical incisions and no tenderness to palpation over the thigh; he is stable with ligamentous exam and is walking with a normal gait. Ice and anti-inflammatory medications were recommended and a cortisone injection was given. On 8-4-15 the examination indicates he has 5 sessions remaining in physical therapy and he finds that it is helping him. The pain is rated 3 out of 10; objective finding show tenderness to palpation left patella. He is temporarily totally disabled for work status; medications are Relafen 750 mg and a

request for physical therapy 2 x 3 left leg. The physical therapy report from 7-20-15 indicates he is feeling better with decreased pain and the pain was rated 3 out of 10. There is moderate muscle guarding throughout left thigh with reports of 5 - 6 out of 10 in pain with mild to moderate pressure. Current requested treatments physical therapy 2 x 3 for the left leg. Utilization review 8-11-15 requested treatment non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 for the left leg: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.