

<b>Case Number:</b>	CM15-0073012		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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 27-year-old male with an industrial injury dated June 6, 2014. The injured worker diagnoses include status post fracture of the tibia and fibula on the right side requiring open reduction internal fixation (ORIF), right leg and ankle pain, right knee pain, right hip pain, right lumbar radiculitis and lumbar strain. He has been treated with Magnetic Resonance Imaging (MRI) of the lumbar spine, prescribed medications, 8 sessions of physical therapy and periodic follow up visits. According to the progress note dated 3/31/2015, the injured worker reported right foot, ankle, knee, right hip and lower back area pain. Objective findings revealed muscle spasm, tenderness of paralumbar muscles right greater than left, and decrease right knee flexion. The treating physician prescribed physical therapy two times a week for four weeks to right limb.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks to right limb:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**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) Pain Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the right limb 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 to tibia-fibula; right knee pain; right hip pain; and right lumbar radiculitis and lumbar strain. The guidelines recommend 30 visits over 12 weeks for a fracture of the tibia and fibula (ORIF) and 21 visits over 16 weeks for post-surgical treatment fracture ankle. The documentation shows the date of injury is June 6, 2014. A progress note dated January 19, 2015 states "initial evaluation" for physical therapy. The documentation is unclear as to how many physical therapy visits were provided in the immediate postoperative period through January 2015. A February 24, 2015 progress note states decrease pain, increased mobility and increased ambulatory ability with excellent progress. The total number of physical therapy sessions to date is not documented in the medical record. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement with a finite number of physical therapy sessions to date (status post open reduction internal fixation from June 6 of 2014 to the present) and compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times per week times four weeks to the right limb is not medically necessary.