

<b>Case Number:</b>	CM15-0094459		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/29/2015
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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

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 (IW) is a 67-year-old male who sustained an industrial injury on 01/29/2015 due to a fall from a ladder. Diagnoses include tibial plateau fracture and femoral neck fracture status post total hip replacement. X-ray of the right hip on 2/10/15 showed the total hip arthroplasty in excellent position. CT scan of the right knee on 1/29/15 showed a non-displaced tibial plateau fracture. Electrodiagnostic testing of the bilateral lower extremities showed evidence of right lower extremity sensory polyneuropathy. Treatment to date has included medications, total right hip replacement and physical therapy. According to the Follow-Up Orthopedic Examination dated 4/16/15, the IW reported continued numbness and tingling in the right lower extremity like "pins and needles". He also complained of weakness at the knee. On examination, the right hip was tender at the trochanteric bursa and range of motion was painless. There was mild swelling of the right knee with tenderness along the lateral tibial plateau and decreased sensation to light touch of the right foot. Right lower extremity peripheral pulses were 2+. On 4/16/15, an x-ray of the right knee showed the tibial plateau fracture was healing well. A request was made for additional physical therapy for the right hip, three times weekly for four weeks (12 sessions); the IW was now allowed full weight bearing as tolerated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, Right Hip & Right Knee, 3 times per wk for 4 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Improvement measures Page(s): 98-99; 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The patient was previously authorized 12 PT visits. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Additional Physical Therapy, Right Hip & Right Knee, 3 times per wk for 4 wks, 12 sessions is not medically necessary and appropriate.