

Case Number:	CM15-0094965		
Date Assigned:	05/21/2015	Date of Injury:	04/27/2014
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	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:

This 61 year old male sustained an industrial injury to the left hip on 4/27/14. The injured worker sustained comminuted left distal femur/ supracondylar femur fracture. The injured worker underwent open reduction internal fixation with rodding. The injured worker used a bone stimulator due to delayed healing. The injured worker participated in ongoing physical therapy and subsequently graduated to full weight bearing. Documentation did not disclose the number of physical therapy sessions completed. X-ray of the left femur (1/26/15) showed no interval change in alignment with bony bridging at the fracture site. In a SOAP noted dated 12/12/14, the injured worker reported feeling better with his strength and ambulation. The injured worker reported that he was able to walk 12 blocks but could not sit in a chair for long. In a progress note dated 3/31/15, the injured worker reported that the injured worker was able to ambulate well with a cane during physical therapy. The injured worker complained of pain to the left knee and pain with use of the bone stimulator. The injured worker reported continued discomfort with sitting, walking and lying down. The physician noted that the injured worker continued to be quite apprehensive and needed psychological evaluation. Current diagnoses included slow healing mid shaft to distal left femur fracture status post open reduction internal fixation and psychological sequelae following injury. The treatment plan included continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 6 for strengthening before release to HEP (Home Exercise Program): Upheld

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

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

Decision rationale: The patient has completed at least 20 PT visits for post ORIF. Imaging showed intact alignment and stable fixation. 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 for quantity beyond guidelines recommendation. The Additional Physical Therapy 2 x 6 for strengthening before release to HEP (Home Exercise Program) is not medically necessary and appropriate.