MAXIMUS Federal Services

Case Number:	CM13-0008497		
Date Assigned:	06/04/2014	Date of Injury:	04/26/2013
Decision Date:	07/30/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/12/2013

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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This patient is a 63-year-old male employee with a date of injury of 4/26/2013. The medical records indicate that the patient is undergoing treatment for T12 compression fracture, bilateral knee strain, and right elbow strain. Subjective complaints (5/31/2013) include 3/10 pain level to chest and back, left knee pain that has improved with rest and medication. On 5/28/2013, the treating physician writes that the patient's emotional stress from the injury resulted in the onset of anxiety/depression problems in early 5/2013. No mental status exam, behavioral health questionnaires, or any additional details related to symptoms or state of mind were found in the medical records. Objective findings (5/31/2013) include decreased range of motion to lumbar spine, bilateral swollen knee and diffuse tenderness (5/28/2013). Treatment has included lumbar/thoracic brace, neurosurgeon consult, and pain medications. A utilization review dated 7/17/2013 non-certified the request for physical therapy 2x6 weeks due to lack of body part specified and psyche follow up due to lack of medical evidence substantiating necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: The MTUS Chronic Pain Guidelines recommends physical medicine as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home. Regarding physical therapy, ODG states 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 sessions is in excess of the clinical trial guidelines. Additionally, the medical documents do not note exceptional factors' that would allow for treatment duration in excess of the guidelines. As such, the request is not medically necessary.

PSYCHE FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Second Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines states, "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." However, the treating physician does not provide any other substantiating information regarding the severity of stress, presenting symptoms, baseline mood, episodes of anxiety that were eluded to, or additional information regarding the patient's anxiety/depression problems. The current request for evaluation and the history of present illness regarding the patient's behavior health is not described in sufficient detail. As such, the request is not medically necessary at this time.