

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0048824 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/22/2012 |
| Decision Date: | 06/05/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/06/2013 |

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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:

The patient is a 54-year-old female with a date of injury of 10/22/2012. The listed diagnosis per [REDACTED] is post-concussion syndrome. According to report dated 10/31/2013, the patient presents with ongoing symptoms of dizziness and vertigo triggered by sudden movement followed by an ill feeling. She also complains of muffled hearing in the left ear and occasional headache and forgetfulness. The patient's medications include amlodipine, levothyroxine, triamterene, famotidine, diazepam, Xanax, and nortriptyline. A request for authorization dated 10/15/2013 requests physical therapy/occupational therapy 2 times a week for 3 weeks for the neck. Occupational and physical therapy progress report from 07/18/2013 indicates the patient has participated in 6 treatments to address the bilateral shoulder and neck complaints. The patient was noted to feel much better after his last treatment and has made good progress. Treatment plan was to monitor Home Exercise Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with shoulder and neck complaints and is status post concussion. The treater is requesting additional physical therapy and occupational therapy 2 times a week for 3 week to address the neck. For physical therapy, the MTUS Chronic Pain Guidelines pages 98 and 99 recommends 9 to 10 visits over 8 weeks. In this case, a physical therapy report indicated the patient participated in 6 sessions between 06/27/2013 and 07/18/2013. The report indicates the patient was making good progress and participating in a home exercise program. The treater has asked for an additional 6 sessions about 3 months later. The treater does not explain why another course of therapy is required. There are no documentation of functional decline, a new injury or change in diagnosis. The treater's request for 6 sessions in addition to the 6 sessions already received in July 2013 exceeds what is recommended by the MTUS Chronic Pain Guidelines. Furthermore, the treater does not discuss why the patient cannot continue with the self-directed home exercise regimen. As such, the request is not medically necessary and appropriate.