

Case Number:	CM14-0109129		
Date Assigned:	08/01/2014	Date of Injury:	09/07/2010
Decision Date:	10/21/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/14/2014

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 and 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 injured worker is a 48-year-old female who reported an injury on 09/07/2010, due to exposure to carbon monoxide over an extended period of time. The injured worker has diagnoses of major depression, single episode; Generalized Anxiety Disorder, and cognitive disorder not otherwise specified. Past medical treatment consisted of psychological and psychiatric treatment; speech therapy, and medication therapy. Medications include Zoloft, Wellbutrin, and EnLyte. On 05/29/2014, the injured worker complained of vision loss. It was noted on physical examination that the injured worker had visual memory problems, confused with too much information, bumped into objects, poor balance, skips lines when reading, motion sickness, dizziness/nausea, poor eye/hand coordination, and disorientation with head movement. Ocular examination revealed that the right eye was 20/30, and the left eye was 20/40. With near point convergence, the injured worker was noted to have target double at 6 inches, and became single at 10 inches. The medical treatment plan is for the injured worker to undergo cognitive rehab program, speech therapy, physical therapy, and receive 2 pairs of prescription glasses. The rationale and request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive rehab program (frequency/duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Chapter 15 page 400; regarding problem-focused or emotion-focused cognitive therapy techniques

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for a cognitive rehab program with unspecified frequency or duration is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting provider did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. The request as submitted also did not specify a frequency or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Speech therapy (frequency /duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Chapter; Speech Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Speech therapy.

Decision rationale: The request for speech therapy is not medically necessary. ODG recommends speech therapy as indicated below: a diagnosis of speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; clinically documented functional speech disorder resulting in the inability to perform at the previous functional level; documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4 to 6 months; the level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist; and treatment beyond 30 visits requires authorization. The submitted documentation did not indicate the presence of a functional speech disorder, nor was there a diagnosis that was congruent within the above guidelines. There lacked evidence in the submitted documentation to the injured worker's scope and/or magnitude of speech deficits. Furthermore, the request as submitted did not indicate a frequency or duration of the therapy sessions. As such, the request is not medically necessary.

Physical therapy (frequency/duration not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 3 page 48; regarding Physical therapy

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

Decision rationale: The request for physical therapy is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of conservative therapy, as well as efficacy of prior therapy. Guidelines recommend up to 10 visits of physical therapy. The request as submitted did not indicate or specify the frequency or duration of physical therapy sessions. Additionally, there was no rationale submitted for review indicating how the provider felt physical therapy would help the injured worker with any functional deficits she might have had. Furthermore, it is unclear how the injured worker would not benefit from a home exercise program. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

2 pairs of Prescription glasses including frame, single vision lens, AR coating, scratch coating, polycarbonate lens, prism, binoculars, dispensing fee and cases: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines in Chapter 16 page 495; regarding multifocal lenses

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter.

Decision rationale: The request for 2 pairs of prescription glasses is not medically necessary. The MTUS/ACOEM state that workers with reactive error or presbyopia can wear corrective lenses designed specifically for the job. Lenses of this type also can be incorporated into multifocal glasses (progressive add lenses with overviews), add 1 segment at the top of the lens. The injured worker's optometrist did not provide a rationale for provision of separate distance in reading glasses of the multifocal lens as supported by ACOEM. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.