

Case Number:	CM14-0109640		
Date Assigned:	09/16/2014	Date of Injury:	06/21/2011
Decision Date:	11/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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:

There were 130 pages provided for this review. The application for independent medical review was for physical therapy two times a week for six weeks to the cervical spine and it was dated June 25, 2014. Per the records provided, this is a male claimant was injured on June 21, 2011 while he was operating a forklift. He suddenly fainted and fell off the forklift and hit his head. It was noted that the claimant was taken to the emergency room. He sustained an open wound to the head and needed eight stitches and also had a neck strain. He also developed reportedly psychological symptoms allegedly due to the injury including depression, anxiety, irritability and withdrawal, low libido and decreased energy level. He was diagnosed with a depressive disorder. The previous reviewer felt that physical therapy times 12 would not be medically necessary but six would be. He has done well with therapy in the past there is limited treatment options. The request was modified to six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines, Passive therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 .

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified: 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for Physical therapy 2x6 to cervical spine is not medically necessary.