MAXIMUS Federal Services

Case Number:	CM14-0013032		
Date Assigned:	02/24/2014	Date of Injury:	01/18/2008
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/31/2014

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 Neurological Surgery, 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 65-year-old male, who was injured on January 18, 2008. The January 27, 2014 progress note documents that sensation is intact on examination, but no other physical exam findings are presented. The progress note dated December 9, 2013, documents diminished sensation in the right lateral ankle, right lateral mid calf and right mid anterior thigh. No other findings are documented on physical examination. The same findings are documented on the October 9, 2013 exam with the addition of tenderness to palpation of the thoracic and lumbar spine. The utilization review in question was rendered on January 9, 2014. The reviewer noncertified the request for six physical therapy visits for the lumbar spine, bilateral shoulders and bilateral hands. The reviewer indicated the outcomes of our physical therapy was not specified in the record to support this additional request for the previous injury from 2008.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 X 6 LUMBAR SPINE, BILATERAL SHOULDERS, BILATERAL HANDS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 99

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

Decision rationale: The MTUS supports the use of physical therapy in the management of chronic pain. However, based on the clinical documentation provided, a physical examination was not performed on the lumbar spine or on the shoulders. In fact, it appears that only brief sensory exam was performed on the last three visits. As such, the request is considered not medically necessary.

HEAD MAGNETIC RESONANCE IMAGING WITH GADOLINIUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines (ODG) supports the use of MRI of the head to determine neurological deficits not explained by computed tomography (CT), to evaluate prolonged intervals of disturbed consciousness and to define evidence of acute changes superimposed on previous trauma or disease. Based on the clinical documentation provided, the MRI of the head is being utilized secondary to complaints of headaches. Additionally, there is no documentation that a computed tomography (CT), of the head has been obtained. As such, the request is considered not medically necessary.