

Case Number:	CM14-0027682		
Date Assigned:	06/13/2014	Date of Injury:	09/04/2013
Decision Date:	07/17/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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:

This is a 21-year old female with date of injury of 9/04/13. The mechanism of injury was an unwitnessed assault by another individual while working as a security guard. She was taken to the hospital, where x-rays and CT of the head were normal. She was diagnosed with a concussion and thoracolumbar strain. Conservative care was initiated, including PT that began on 11/23/13 for the neck and low back. Prior to PT, the patient had a course of chiropractic care. The patient was referred to a neurologist, who diagnosed post-concussion syndrome. EEG showed no definite focal or paroxysmal features. The patient was also referred to a psychologist for treatment of PTSD. Most recent report prior to the UR report was on 2/04/14. At that time, the patient was a bit better, and therapy was reportedly helpful. She was having ongoing neck pain with radicular symptoms, including numbness and tingling. Exam on that date showed tender points, but was otherwise benign. The patient was previously referred to a specialist, but does not wish to have aggressive treatment, such as injections. She was referred back to PT, and the specialist consult was cancelled. The case was sent to Utilization Review, which was done on 2/11/14. The reviewer notes that the patient had completed 18 sessions of PT and did not recommend additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) NECK & UPPER BACK/LOW BACK, PHYSICAL THERAPY (PT).

Decision rationale: The CA MTUS recommends 8-10 sessions of PT for this type of diagnosis. ACOEM and ODG recommend 8-12 sessions of PT for this diagnosis. Though the patient has ongoing residual symptoms, the most recent report prior to the UR decision in question indicated that the patient had completed 18 sessions of PT and had a normal exam. Guideline recommendations had already been exceeded, and without clear and significant physical impairments/objective abnormalities, there was no clear justification for ongoing skilled therapy versus doing a home exercise program at that juncture. Medical necessity for additional PT was not established.