

Case Number:	CM14-0032667		
Date Assigned:	06/20/2014	Date of Injury:	02/11/2013
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/14/2014

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 Nevada. 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 59-year-old female who was reportedly injured on February 11, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 3, 2014, indicates that there are ongoing complaints of problems with balance and ability to walk, concentrate, and communicate. The physical examination demonstrated a normal neurological examination. Have been improvements with physical therapy with walking. A request had been made for physical therapy for gait training and evaluation for a comprehensive brain injury and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for gait training (2x3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter Physical medicine treatments.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain, pain Page(s): 58-59.

Decision rationale: According to the medical record the injured employee has was authorized 48 sessions of physical therapy for gait training and has shown improvement. After this

magnitude of physical therapy the injured employee should be able to continue this program on her own at home with a home exercise program. This request for an additional six sessions of physical therapy is not medically necessary.

Evaluation for comprehensive brain injury program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head: Multidisciplinary institutional rehabilitation.

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

Decision rationale: According to the medical record the injured employee has recently seen a neurologist for an evaluation. The neurologist had stated that the injured employee's difficulties remained poorly explained and there is no significant neurological lesion underlying her symptoms. It was also stated that the injured employee had likely reached maximum medical improvement. After this neurological evaluation this request for a comprehensive brain injury program is not medically necessary.