

Case Number:	CM14-0039919		
Date Assigned:	06/27/2014	Date of Injury:	02/29/2012
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 records presented for review indicate that this 83 year-old male was injured on February 29, 2012. The mechanism of injury was a fall after becoming dizzy. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of elbow pain, and left great toe pain. The physical examination demonstrated a well-developed, well-nourished individual in some mild distress. There was a fairly rambling, friendly, but slurred speech. No other physical examination findings are presented. Diagnostic imaging studies are not presented for review. Previous treatment includes physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: When noting the mechanism of injury, the date of injury, the age of the injured employee, the current findings of slurred speech and a rambling gait pattern, there is no clinical indication that additional physical therapy would be warranted in this 83-year-old

gentleman. Physician to home exercise protocol is all that would be supported by the ACOEM. The request is not medically necessary.

Speech Therapy 12 sessions: 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.

Decision rationale: It is noted that there was an episode dizziness and a fall. However, there is no objectification presented as to the causation or nature of the lesion causing the speech issues. A more comprehensive clinical assessment is to be completed given that there are cognitive issues unrelated to the work injury as outlined in the neuropsychiatric assessment and a gradually dementing physiologic disorder. As such, based on the limited clinical documentation presented for review, additional speech therapy would not be supported at this time and is not medically necessary.