MAXIMUS Federal Services

Case Number:	CM14-0042322		
Date Assigned:	06/30/2014	Date of Injury:	10/07/2011
Decision Date:	08/12/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/09/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 67 years old female with an injury date on 10/07/2011. The listed diagnoses per [redacted] dated 03/19/2014 are:1. Ataxia, minimal. 2. Expressive aphasia with calculation related difficulties. 3. Dysarthria. 4. Cervical strain. 5. Left-sided knee strain. 6. Left shoulder strain. 7. Anxiety disorder since October 2011. According to this report, the patient complains of fatigue, neurological motor and cognitive deficits. Tenderness to palpation was noted with twitch responses in the right levator scapula, trapezius, and rhomboid muscles. The pain also radiate to the posterior scapula and neck. On the 03/04/2014 report the patient has been authorized to complete both a PT evaluation and an OT evaluation. Time frame of both authorized evaluation were not provided. The treater is requesting physical therapy evaluation plus 6 sessions and occupational therapy evaluation plus 6 sessions. There were no other significant findings noted on this report. The utilization review denied the request on 04/02/2014. [redacted] is the requesting provider, and he provided treatment reports from 10/09/2013 to 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation Plus Six Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98,99 has the following: Physical Medicine.

Decision rationale: According to the 03/19/2014 report, this patient presents with fatigue, neurological motor and cognitive deficits. The treating physician is requesting physical therapy evaluation plus 6 sessions but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states there were limited documentation provide in regards to therapy history and the clinical gains from the completed visits. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show no treatments history, no discussion regarding the patient's progress. The treating physician also does not provide any discussion regarding what is to be achieved with the requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. However, UR alludes that the patient has had completed visits. Time-frame is not known. It is the treater's responsibility to monitor the patient's progress and make appropriate recommendations (MTUS page 8). The requested evaluation plus 6 session of physical therapy are not medically necessary.

Occupational Therapy Evaluation Plus Six Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98,99 has the following: Physical Medicine.

Decision rationale: According to the 03/19/2014 report, this patient presents with fatigue, neurological motor and cognitive deficits. The treating physician is requesting occupational therapy evaluation plus 6 sessions but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states there were limited documentation provide in regards to therapy history and the clinical gains from the completed visits. For physical medicine, the MTUS guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show no treatments history, no discussion regarding the patient's progress. The treater also does not provide any discussion regarding what is to be achieved with the requested therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. However, UR alludes that the patient has had completed visits. Time-frame is not known. It is the treater's responsibility to monitor the patient's progress and make appropriate recommendations (MTUS page 8). The requested evaluation plus 6 sessions of occupational therapy are not medically necessary.