

Case Number:	CM14-0043354		
Date Assigned:	07/23/2014	Date of Injury:	12/23/1995
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 Internal Medicine 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 46-year-old male with date of injury on 12/23/1995 (cumulative trauma) as a professional football player. He has back pain and post-laminectomy syndrome, hip pain, bilateral knee pain with left meniscus repair, neck pain, hand and finger pain. He has had multiple treatment modalities for chronic pain including H wave, orthotics, epidural injections, medications, physical and occupational therapy, psychotherapy, and a hot tub. Current request is for physical therapy 2 x 4 sessions and cognitive training 1 x 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN/PHYSICAL MEDICINE Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, page(s) 58-60 Page(s): 58-60.

Decision rationale: MTUS recommends physical therapy with re-evaluation in the first two weeks for response. If improvement is seen, further physical therapy should be employed from 6-12 visits as usual course with transition to a home program. This patient has had numerable (more than standard allowances) documented physical therapy visits in the past and physical

therapy notes recently has shown a reduction in pain scores for this patient. There is no documentation as to new injury or reasons why more physical therapy is required and no documentation as to transition to a home program. As such, the extended courses of physical therapy 2 x 4 are not medically necessary.

COGNITIVE RETRAINING 1 X 4: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/CBT.

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

Decision rationale: ODG states cognitive therapy is very effective in helping management of chronic pain syndromes. Recent neuropsychological evaluation provided recommended 4 sessions to solidify and re-address techniques that the patient has learned in the past with cognitive/pain psychology. As such, the cognitive therapy 1 x 4 sessions is medically necessary and I am reversing the prior UR decision.