

Case Number:	CM14-0049910		
Date Assigned:	06/25/2014	Date of Injury:	12/04/2003
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 Neurological Surgery 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 injured worker is a 71 year-old female who was reportedly injured on December 4, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 15 2014, indicates that there are ongoing complaints of neck and upper extremity pain. It is also noted there is a long-standing history of Alzheimer's and had not been diagnosed at it to peer with the medications being taken. The co-morbidity of Alzheimer's reportedly is interfering with completing the home physical therapy. The physical examination demonstrated no noted atrophy and normal muscle tone in all 4 extremities. Diagnostic imaging studies were not reported. Previous treatment includes medications and physical therapy. A request had been made for physical therapy and was deemed not medically necessary in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

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): 98, 99 of 127.

Decision rationale: When noting the date of injury, the injury sustained, the physical therapy already completed and the ordinary disease of life co-morbidity, there is no medical necessity for indefinite physical therapy for this injury. It is noted that multiple sessions have been completed, and that there is some additional difficulty completing the home exercise protocol but there is no objectification of any efficacy or utility with the physical therapy already completed. As such, this is not medically necessary.