

Case Number:	CM14-0052811		
Date Assigned:	07/07/2014	Date of Injury:	08/23/2007
Decision Date:	08/27/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in New York. 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 55 year old man with a date of injury of 8/23/07. He was seen by his primary treating physician on 4/6/14 with complaints of dry and painful throat, nocturia, eye pain and increased GERD so 'needs head elevated in bed'. He also had 'decreased depression' but complained of right upper extremity pain and weakness, right shoulder pain, headaches, low back pain radiating to his right lower extremity, rib pain, pelvis pain, chest pain and insomnia. His physical exam showed decreased range of motion in his right shoulder with 4/5 weakness and right wrist decreased range of motion and pain. His diagnoses were loss of consciousness, right shoulder strain, GERD, lumbar spine strain, headaches, chronic rib pain, diabetes, moderate to severe OSA, hypertension and right herpes shoulder. His treatment plan included a bed with head elevated for GERD and physical therapy to his cervical and lumbar spine which are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bed with upper body elevation: 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 Other Medical Treatment Guideline or Medical Evidence:Uptodate: Medical management of gastroesophageal reflux disease in adults.

Decision rationale: The injured worker is a 55 year old man with a date of injury of 8/23/07. He has multiple somatic complaints and medical diagnoses including GERD. Elevation of the head of the bed can be a useful lifestyle modification in individuals with nocturnal or laryngeal symptoms. This can be accomplished by either by putting 6-8 inch blocks under the legs at the head of the bed or a Styrofoam wedge under the mattress. Given there are simpler ways to elevate the head of the bed, the medical necessity for an entire bed with upper body elevation is not substantiated.

16 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, the note of 4/14 does not document a detailed physical exam nor explain the rationale for a course of physical therapy at this point with the original injury in 2007. There are no new symptoms to substantiate the medical necessity for 16 physical therapy visits in this individual with chronic pain.