

Case Number:	CM14-0071619		
Date Assigned:	07/16/2014	Date of Injury:	01/14/2013
Decision Date:	09/23/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/16/2014

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 53-year-old individual was reportedly injured on January 14, 2013. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of headaches. The physical examination demonstrated a 6'2", 179 pound individual who was hypertensive (150/102) with a well healed scar over the occiput. There was tenderness to palpation over the posterior aspect of the cervical spine associated with a decreased cervical spine range of motion. Spurling's test was negative. The neurological examination noted the mental status to be grossly intact. Diagnostic imaging studies noted no intracranial injury. Previous treatment included physical therapy, medications, and neuropsychiatric evaluation. A request had been made for physical therapy and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy sessions for neck pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: When noting the date of injury, the mechanism of injury, the findings initially reported on physical examination and that a number of physical therapy sessions have been completed, and by the current clinical examination, and noting a slightly decreased range of motion and muscle spasm, and incorporating the parameters outlined in the ACOEM guidelines, there is no clinical indication or medical necessity established for additional physical therapy. As noted in the guidelines, after several sessions of physical therapy, transition to home exercise program is all that would be supported. Therefore, based on the clinical information presented for review, this is not medically necessary.

One (1) neuropsychological evaluation (only): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examination, page 127.

Decision rationale: When noting the date of injury, the injury sustained, and the findings noted on physical examination, there is no clinical indication presented for a comprehensive neuropsychological assessment. While noting there was a closed head injury, there was nothing in the clinical assessment demonstrating an acute traumatic brain injury. Therefore, based on the clinical information presented for review and by the parameters noted in the ACM guidelines, the medical necessity for this cannot be established.