

<b>Case Number:</b>	CM14-0084151		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 male was reportedly injured on January 14, 2013. The mechanism of injury is listed as a slip and fall type event. The most recent progress note, dated May 1, 2014, indicates that there are ongoing complaints of head and neck pain. The physical examination demonstrated no acute distress, alert, oriented, and no pertinent positive physical examination findings. Diagnostic imaging studies no acute intracranial pathology. Previous treatment includes medications and physical therapy. A request had been made for additional physical therapy and a neuropsychological evaluation and was not certified in the pre-authorization process on May 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions for the neck pain:** Upheld

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

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

**Decision rationale:** As noted in the progress notes reviewed, 7 sessions of physical therapy have been completed. Additionally, a previous modified endorsement of additional 6 sessions is also

noted. The efficacy is not established in the progress notes reviewed. Therefore, when considering the parameters outlined in the California Medical Treatment Utilization Schedule (CAMTUS) and noting the metaphysical therapy completed there is no clinical evaluation presented that suggest the need for any additional physical therapy. This is not medically necessary.

**Neuropsychological Evaluation:** 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 Official Disability Guidelines (ODG) had chapter updated June, 2014.

**Decision rationale:** Official Disability Guidelines state such testing is recommended only for severe head trauma. In this particular instance there is no evidence of any intracranial pathology that is noted on enhanced imaging study. The physical examination notes alert an oriented gentleman with no obvious deformities or compromises, and this individual is able to continue to work. Therefore, based on the medical records presented for review there is no clinical indication for such an assessment. This is not medically necessary.