

Case Number:	CM14-0188845		
Date Assigned:	11/19/2014	Date of Injury:	09/07/2014
Decision Date:	01/16/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 injured worker is a represented employee who has filed a claim for neck pain reportedly associated with an industrial injury of September 7, 2014. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for six "initial outpatient physical therapy visits for the cervical spine." The claims administrator stated that the attending provider has failed to outline any specific functional goals to be achieved with treatment and further stated that the attending provider had failed to outline whether the injured worker had or not had previous treatment. The claims administrator stated that its decision was based on non-MTUS Third Edition ACOEM Guidelines, which were cited at the bottom of the report. Said guidelines were not, however, incorporated into the report rationale. The claims administrator stated that its decision was also based on an RFA form received on October 17, 2014. In an October 13, 2014 office visit, the injured worker apparently reported ongoing complaints of headaches, dizziness, disequilibrium, neck pain, and shoulder pain. The injured worker was using Motrin for pain relief. The injured worker was not working and had last worked on the date of injury, it was stated. The attending provider suggested that the injured worker undergo six sessions of physical therapy for vertigo, neck pain, shoulder pain, and positional training purposes while remaining off of work, on total temporary disability. The remainder of the file was surveyed. It did not appear that the injured worker had had previous physical therapy as no physical therapy progress notes were seemingly incorporated into the file. A CT scan of the maxillofacial region of September 3, 2014 was notable for a nasal bone fracture, while CT scan of the head of September 7, 2014 was read as negative for any acute injury to the cranial nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial six outpatient physical therapy for the right shoulder, 3 sessions per week for 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Shoulder Chapter (updated 08/27/14) and Neck and Upper Back Chapter (updated 08/27/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 3 Initial Approaches to Treatment Page(s): 48, 204.

Decision rationale: While approval of the request does represent initiation of treatment slightly in excess of the "initial and follow-up visits" recommended in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes, in this case, however, the injured worker had significant impairment above and beyond that encapsulated in the guideline. The injured worker had associated complaints of neck pain, posttraumatic headaches, and dizziness appreciated on the October 13, 2014 office visit on which the article in question was sought. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that the value of physical therapy increases when an attending provider furnishes a prescription for therapy which "clearly states treatment goals." Here, the requesting provider, a neurologist, did clearly outline treatment goals, contrary to what was suggested by the claims administrator. The injured worker's neurologist stated that the physical therapy at issue could ameliorate the injured worker's issues with dizziness, vertigo, posttraumatic headaches, neck pain, and shoulder pain. Therefore, the first-time request for initial six outpatient physical therapy visits is medically necessary.