

Case Number:	CM15-0143176		
Date Assigned:	08/05/2015	Date of Injury:	03/05/2015
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on 3-5-15. He reported striking his head as he stood up hearing a pop in the neck on impact. Diagnoses include cervicogenic headache and neck injury. Treatments to date include activity modification, medication therapy, physical therapy, and trigger point injections. Currently, he complained of ongoing neck pain and reported improvement in the frequency of headaches. On 7-7-15, the physical examination documented limited range of motion of cervical region. The plan of care included twelve occupational therapy sessions, twice a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week for 6 weeks for the neck: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, physical/occupational therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple OT sessions (Total number was not documented but at least 12 sessions were noted) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many occupational therapy sessions were completed or appropriate rationale as to why additional OT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is documentation of patient performing home directed therapy with skills taught during OT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Maximum number session's recommended by guidelines are 10 for patient's diagnosis and patient has exceeded guideline recommendation. Documentation fails to support additional OT sessions. Additional 12 physical therapy sessions are not medically necessary.