

Case Number:	CM15-0032198		
Date Assigned:	02/25/2015	Date of Injury:	06/27/2012
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 50-year-old man, who sustained an industrial injury on 6/27/2012. He reports a truck door injury to the neck and head. Diagnoses include concussion, traumatic brain injury, headaches, neck pain and peripheral neuropathy. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 1/14/2015 indicates the injured worker reported neck pain, headaches and hand numbness. On 2/3/2015, Utilization Review non-certified the request for 8-12 of physical therapy to the head and cervical spine, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 - 12 sessions of additional Physical Therapy to the Head and Cervical Spine: Upheld

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

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

Decision rationale: Per the 01/14/15 report, the patient presents for follow up of traumatic brain injury, cognitive dysfunction, cervicogenic headaches with occipital neuropathy bilaterally, posttraumatic headaches with migrainous features, numbness in the hands and lower back pain. The current request is for 8-12 sessions of additional physical therapy to the head and cervical spine. The RFA is not included. The reports do not state if the patient is working. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-operative treatment period. The 01/14/15 report states this request is due to the patient's persistent symptoms of chronic neck tightness and pain with headaches in order relieve and resolve symptoms and prevent recurrence. The reports provided for review reference physical therapy for this patient since at least 07/30/14 and state that the patient is receiving some benefit for neck and headache complaints. However, the reports do not document the dates and number of sessions completed. No physical therapy treatment reports are included. In this case, the patient may benefit from additional physical therapy; however, no objective evidence of functional improvement is provided. Furthermore the 8-12 sessions requested combined with past sessions exceed what is allowed by the MTUS guidelines. In this case, the request is not medically necessary.