

Case Number:	CM15-0088276		
Date Assigned:	05/12/2015	Date of Injury:	04/10/2013
Decision Date:	06/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/07/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 44 year old male who sustained an industrial injury on 04/10/2013. He reported injury to the left forehead, neck right arm and right knee. According to notes in the agreed on medical examination, the injured worker was diagnosed as having closed head trauma with mild traumatic brain injury, rule out post-traumatic head syndrome, left orbital injury, rule out globe injury, i.e., retinal injury, deferred to ophthalmology, and chronic post-traumatic migraine headaches secondary to above. Also in the diagnoses was cervical myoligamentous sprain/strain, with right cervical radiculitis, right knee internal derangement, lateral meniscal tear and degenerative changes, posterior horn of the right medial meniscus, poor MRI scan, April 27, 2014 deferred to [REDACTED]. Additionally the diagnoses included onset and maintenance insomnia secondary to above with probable anxiety and depression deferred to psychiatry. Treatment to date has included physical therapy for the right knee, anti-inflammatories, and oral pain medications. Chiropractic treatment has been given for the cervical spine. The worker complains of tenderness of the spine with positive head compression test and mild decreased range of function in December 2014. According to physician notes of 03/12/2015, the worker had acupuncture and got ten percent relief during the sessions but the pain returned, so the practitioner did not see any long term improvement. The worker had one adjustment in the neck with a chiropractor which aggravated his symptoms. He had not had physical therapy for the neck, so the practitioner asked for physical therapy twice a week for six weeks. Physical Therapy 2 times a week for 6 weeks for the neck is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical 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 Therapy Page(s): 99.

Decision rationale: Physical Therapy 2 times a week for 6 weeks for the neck are not medically necessary. Page 99 of Ca MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2): 8-10 visits over 4 weeks is recommended. The claimant's medical records documents that she had prior acupuncture therapy and chiropractor care visits without long term benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore the requested service is not medically necessary.