

Case Number:	CM14-0119151		
Date Assigned:	08/06/2014	Date of Injury:	05/21/2009
Decision Date:	09/29/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 64-year-old individual was reportedly injured on May 21, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of head, neck, back, right shoulder, bilateral knee and left foot pains, and that the injured employee has reached a permanent stationary status. The physical examination demonstrated a 6'2", 266 pound individual in no acute distress. There was tenderness to palpation of the posterior cervical spine musculature and is the insertion of the paraspinous muscles at the occiput. A decrease in cervical spine range of motion was also reported. There was tenderness to palpation and a slight reduction to motor function (4+/5) reported. Diagnostic imaging studies objectified a compression fracture at T9. Previous treatment included physical therapy, multiple medications and other pain management interventions. A request had been made for additional physical therapy, a raised toilet seat, and an orthopedic mattress and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks to the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: As outlined in the MTUS, physical therapy for chronic pain can be endorsed if there is a mild with radiculitis. However, noting the multiple maladies is unified and by the physical examination reported, there is no clear clinical indication presented why a home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and flexibility could not be accomplished. Therefore, based on the parameters noted within the MTUS and by the physical examination findings reported, there is no clear clinical indication for the medical necessity of this request.

Physical Therapy two (2) times a week for four (4) weeks to the knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: As outlined in the MTUS, physical therapy for chronic pain can be endorsed if there is a mild with radiculitis. However, noting the multiple maladies is unified, and by the physical examination reported, there is no clear clinical indication presented why a home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and flexibility could not be accomplished. Therefore, based on the parameters noted within the MTUS and by the physical examination findings reported, there is no clear clinical indication for the medical necessity of this request.

Physical Therapy two (2) times a week for four (4) weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.

Decision rationale: As outlined in the MTUS, physical therapy for chronic pain can be endorsed if there is a mild with radiculitis. However, noting the multiple maladies is unified and by the physical examination reported, there is no clear clinical indication presented why a home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and flexibility could not be accomplished. Therefore, based on the parameters noted within the MTUS and by the physical examination findings reported, there is no clear clinical indication for the medical necessity of this request.

Physical therapy two (2) times a week for four (4) weeks to the back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: As outlined in the MTUS, physical therapy for chronic pain can be endorsed if there is a mild with radiculitis. However, noting the multiple maladies is unified and by the physical examination reported, there is no clear clinical indication presented why a home exercise protocol emphasizing overall fitness, conditioning, achieving ideal body weight and flexibility could not be accomplished. Therefore, based on the parameters noted within the MTUS and by the physical examination findings reported, there is no clear clinical indication for the medical necessity of this request.

Raised toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: When noting the date of injury, the injury sustained, and the findings on physical examination, there is no clear clinical indication why a raised toilet seat is clinically indicated. Furthermore, when noting that there is no literature to support this intervention, there is insufficient medical information presented to establish the medical necessity.

Orthopedic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low back chapter, updated August 2014.

Decision rationale: It is noted that the MTUS and the ACOEM guidelines address this topic. The parameters noted in the Official Disability Guidelines are used. A orthopedic mattress is not recommended and there is no criterion presented to support or establish the medical necessity for this device.