

Case Number:	CM14-0136491		
Date Assigned:	09/03/2014	Date of Injury:	10/06/2012
Decision Date:	10/16/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 & 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 44-year-old male was reportedly injured on October 6, 2012. The mechanism of injury is noted as a fall off a ladder while painting which resulted in a head injury and cervical spine fracture. The claimant underwent a C5-T2 fusion on 10/26/2012. The most recent progress notes dated 6/15/2014 and 6/23/2014, indicates that there are ongoing complaints of depression, difficulty falling asleep, low energy, poor concentration, poor appetite, agitation, dizziness, as well as neck, left wrist and left shoulder pain. Physical examination demonstrated tender cervical paraspinals with guarding; decreased cervical lordosis; positive Tinel's/Phalen's to the left wrist; left SA tenderness and positive impingement; slow and guarded gait. No recent diagnostic imaging studies available for review. Previous treatment includes surgery, injections, physical therapy, occupational therapy, TENS unit, medications and a transitional living center residential program from 10/21/2013 - 2/24/2014. A request had been made for Continued Outpatient Physical Rehabilitation [REDACTED] Program with Transportation and Interpretation 5 Days a week 08/25/2014 thru 09/19/2014, which was partially certified for 2 weeks beginning on 8/25/2014 in the utilization review on 8/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Outpatient Physical Rehabilitation [REDACTED] Program with Transportation and Interpretation 5 Days a week 08/25/2014 thru 09/19/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Head Procedure Summary Update 08/11/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: The CA MTUS treatment guidelines support outpatient rehabilitation programs (a.k.a. functional restoration programs and/or interdisciplinary rehabilitation program) and are recommended for patients who are motivated to improve and return to work, but not a candidate for surgery. After review of the available medical records, the claimant does not meet required criteria as there is no plan for him to return to work and surgical options are pending response to injections to the left shoulder and left wrist. Furthermore, the claimant requires maximum assistance with all functional tasks after his head injury and cervical fracture in October 2012. This request is not medically necessary.