

Case Number:	CM14-0141933		
Date Assigned:	09/10/2014	Date of Injury:	08/09/2012
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/02/2014

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 California. 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 injured worker is a 59-year-old who reported an injury on August 9, 2012. The mechanism of injury was not provided with the medical records. The clinical note dated July 28, 2014 indicated diagnoses of status post multiple traumatic brain injuries. The injured worker reported pain of 3/10 mainly confined to his low back and head. The injured worker reported sharp stabbing pain in the head experienced with tremors in his head. The injured worker reported he had a headache all the time which fluctuated in intensity. The injured worker reported he had experienced headaches, fatigue, visual problems, dizziness, sensitivity to light, sensitivity to noise, mentally foggy and having problems with concentration. The injured worker was being treated for vestibular rehab. The injured worker finished physical therapy and the physical therapist reported he had increased his Berg score to a 46 to 47, initially his Berg score was 19. The injured worker was performing home exercise programs for his shoulder imbalance. On physical examination range of motion of the cervical spine was flexion of 15, less than 10% of extension, 15% of side bending bilaterally and 40% of rotation bilaterally. However, there was no tenderness to palpation of the cervical spinous process. The injured worker had full range of motion of the upper and lower extremities with no motor defects to the upper or lower extremities. The injured worker had decreased sensation to all 3 portions of the trimental nerve in the left L4, L5 and S1 dermatomes. The injured worker had difficulty with the finger to nose test and had a positive Romberg. The injured worker's treatment plan included new with rehab. The injured worker's prior treatments included medication management and physical therapy. The injured worker's medication regimen included Inderal, ibuprofen, Ambien, Pravachol, omeprazole, Remeron, Xalatan, eye drops, thiothixene, Cymbalta and Elavil. The provider submitted a request for additional physical therapy. A Request for Authorization dated July 28,

2014 was submitted for additional physical therapy; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four additional physical therapy visits: 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 Chapter

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

Decision rationale: The request for 4 Additional Physical Therapy Visits is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The amount of physical therapy that the injured worker had already completed was not indicated. In addition, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching and range of motion. Moreover, the request does not indicate a body part or time frame for the physical therapy. Therefore, the request for 4 additional physical therapy visits is not medically necessary.