

Case Number:	CM14-0162361		
Date Assigned:	10/07/2014	Date of Injury:	01/04/2014
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/02/2014

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 Texas. 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:

Medical records reflect the claimant is a 44-year old male who sustained a work injury on 1-4-14. He has T8 complete paraplegia. He is status post fusion. The claimant is classified as T5 to T8 ASIA A. The claimant is also status post right clavicular mid shaft fracture with ORIF done on 1-9-14. Office visit on 10-6-14 notes the claimant was seen due to hearing loss. The claimant developed post the head trauma and spinal fracture. It is noted the claimant is wheelchair bound. Office visit on 8-27-14 notes the claimant has autonomic dysreflexia, dementia without behavioral disturbance, adjustment disorder with mixed anxiety and depressed mood, sensorineural hearing loss, orthostatic hypotension, pain joint involving left thumb, pain involving shoulder region, neurogenic bowel, neurogenic bladder, and T8 spinal cord injury. Request made for physical therapy x 12 visits and transportation to and from therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter - physical therapy

Decision rationale: ODG reflect that physical therapy is indicated, in a patient with fracture of vertebral column with spinal cord injury (ICD9 806): Post-surgical treatment: 48 visits over 18 week. Medical Records reflect this claimant was in an inpatient rehab facility from 1-15-14 through 4-3-14. This claimant has completed physical therapy per current treatment guidelines. Twelve physical therapy sessions are not indicated to transition to a home exercise program based on the therapy he has had. Therefore, Physical Therapy x12 is not medically necessary.