

Case Number:	CM14-0215734		
Date Assigned:	01/05/2015	Date of Injury:	07/12/2014
Decision Date:	03/10/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient was injured after a fall 12 feet from a ladder in which he suffered an open fracture of the frontal sinus and a comminuted left patella fracture as well as a left wrist sprain and cervical sprain. He has also been diagnosed with a traumatic brain injury and left S1 radiculopathy. Treatment has included oral NSAIDs. As of 10/20/14 a PR-2 report discusses cervical, lumbar, left wrist, and left knee pain with improvement from oral medications. Treatment included a Toradol injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol 60mg injection to cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated.

Decision rationale: An FDA black box warning discussed in MTUS does not recommend Toradol for chronic conditions such as in this case. In this situation the patient was treated with Toradol for chronic pain which was not responsive to oral medications. Toradol is not recommended in this chronic situation. This request is not medically necessary.

Physical Therapy 2 times 6 to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99 anticipates that this patient would have transitioned by the present time to an active independent home rehabilitation program. The current medical records including an office visit note of 10/20/2014 recommend additional supervised therapy. The records do not clarify why this patient would require additional supervised rather than independent rehabilitation in this timeframe. This request is not medically necessary.

Physical Therapy 2 times 6 to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99 anticipates that this patient would have transitioned by the present time to an active independent home rehabilitation program. The current medical records including an office visit note of 10/20/2014 recommend additional supervised therapy. The records do not clarify why this patient would require additional supervised rather than independent rehabilitation in this timeframe. This request is not medically necessary.

Physical Therapy 2 times 6 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99

anticipates that this patient would have transitioned by the present time to an active independent home rehabilitation program. The current medical records including an office visit note of 10/20/2014 recommend additional supervised therapy. The records do not clarify why this patient would require additional supervised rather than independent rehabilitation in this timeframe. This request is not medically necessary.

Chiropractic Manipulation 1 times 6 to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elective/maintenance care Not medically necessary. Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation states that elective/maintenance care is not medically necessary. Overall, the treatment guidelines anticipate that this patient would have transitioned to independent active home rehabilitation prior to the current time including a PR-2 followup note of 10/20/2014. The treatment guidelines do not support ongoing treatment of a maintenance nature which appears to be consistent with this request, but again, would anticipate independent active home rehabilitation. Therefore, this request is not medically necessary.

Chiropractic Manipulation 1 times 6 to the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elective/maintenance care ? Not medically necessary. Page(s): 58.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation states that elective/maintenance care is not medically necessary. Overall, the treatment guidelines anticipate that this patient would have transitioned to independent active home rehabilitation prior to the current time including a PR-2 followup note of 10/20/2014. The treatment guidelines do not support ongoing treatment of a maintenance nature which appears to be consistent with this request, but again, would anticipate independent active home rehabilitation. Therefore, this request is not medically necessary.