

Case Number:	CM15-0173295		
Date Assigned:	09/15/2015	Date of Injury:	12/23/2006
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 39-year-old male sustained an industrial injury on 12-23-06. The injured worker is being treated for organic brain syndrome. Treatments to date include MRI testing, psychotherapy, an undetermined amount of physical therapy and medications including Topamax. The injured worker has continued complaints of depression and irritability. The injured worker has remained off work. Upon examination, slowed speech and a depressed affect was noted. A GAF score of 60 and a BDI score of 18 was noted. The treating physician made a request for 72 sessions of Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

72 sessions of Physical Therapy: 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: Physical Medicine Treatment; Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2013 Mar. 68 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head-physical medicine treatment and Other Medical Treatment Guidelines <http://www.projectwalk.com/Disabilities/TBI.asp>.

Decision rationale: 72 sessions of Physical Therapy is not medically necessary per the MTUS, the ODG Guidelines, and an online review of Project Walk. The MTUS recommends a transitioning of supervised treatment to an independent home exercise program. The ODG states that patient rehabilitation after traumatic brain injury is divided into three periods: acute, subacute and postacute. In the beginning of rehabilitation, the physical therapist evaluates patient's functional status, later he uses methods and means of treatment, and evaluates effectiveness of rehabilitation. Physical therapy consists of prevention of complications, improvement of muscle force, and range of motions, balance, movement coordination, endurance and cognitive functions. Early rehabilitation is necessary for traumatic brain injury patients and use of physical therapy methods can help to regain lost functions and to come back to the society. The ODG recommends for skull fracture that post-surgical treatment: 34 visits over 16 weeks. For headache, the recommended frequency is 6 visits over 6 weeks. For tension headache, the ODG recommends 6 visits over 6 weeks. For hemiplegia and hemiparesis acute inpatient phase the 20-40 visits over 4 weeks and subacute phase: 6-12 visits over 12 weeks. The documentation is not clear on exactly how many therapy visits the patient has had since his injury. While the documentation indicates that the patient has made progress thus far in therapy an additional 72 prospective sessions of PT cannot be certified without evidence of continued functional improvement along the way therefore this request cannot be certified as medically necessary.