MAXIMUS Federal Services

Case Number:	CM15-0179331		
Date Assigned:	09/21/2015	Date of Injury:	03/18/2015
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 29 year old man sustained an industrial injury on 3-18-2015. The mechanism of injury is not detailed. Diagnoses include status post crush injury of the thoracic spine with healing fractures of the ribs and sternum, mild C6 radiculopathy on the right, healed multiple layer compression fractures of the thoracic spine, lumbar disc protrusion, right hip subluxation, status post head trauma with tinnitus and blurred vision, and status post laceration of multiple internal organs (resolving). Treatment has included oral medications, psychological therapy, and physical therapy. Physician notes on a PR-2 dated 8-6-2015 show complaints of headaches, loss of vision, and hearing loss rated 4 out of 10, neck pain, mid back pain rated 4 out of 10, low back pain rated 8 out of 10 with radiation to the right hip and lower extremity with numbness and tingling in the toes, and right hip pain rated 7-8 out of 10. The physical examination shows deep tendon reflexes are decreased to 1+ out of 2+ on the left and 2+ out of 2+ on the right, L5 is absent bilaterally, JAMAR: 10-14-18on the right and 22-24-22 on the left, cervical spine range of motion is improving, positive cervical compression, loss of sensation on the right side of C6, muscle strength is 4 out of 5 in all upper extremity muscle groups except right forearm and wrist extension, right grip strength is improving but remains decreased, paraspinal thoracic spine spasms, subscapular palpation is tender, lumbar paraspinal and gluteal spasms with loss of sensation in the L5 distribution on the right, decreased muscle strength to the right hip flexion, positive straight leg raise at 25 degrees on the right, positive Braggard's test on the right, loss range of motion on the right, positive Gaenslen's positive Patrick's FABRERE, positive LaSegue's, improved gait, and he remains unable to walk on heels or toes or to squat.

Recommendations include continued psychological therapy, continued physical therapy, and follow up in one month. Utilization Review denied a request for physical therapy citing that the worker has already received 18 sessions and the guidelines recommend a fading of supervised therapy to a self-directed home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.