MAXIMUS Federal Services

Case Number:	CM15-0072558		
Date Assigned:	04/22/2015	Date of Injury:	10/26/2014
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

The injured worker is a 26 year old female, who sustained an industrial injury on 10/26/14. She has reported initial complaints of taking an order at a restaurant and opening the refrigerator door that was broken and it fell onto her face. The diagnoses have included concussion, contusion of face, scalp and neck and sprain of neck. Treatment to date has included medications, ophthalmology consult, activity restrictions and physical therapy. The diagnostic testing that was performed included computerized axial tomography (CT scan) scan. The current medications included Norco and Flexeril. Currently, as per the Doctor's first report physician progress note dated 3/19/15, the injured worker complains of headache and neck pain and occasional blurred vision which has worsened. Physical exam revealed left trapezius and cervical spine discomfort was noted at end range. The physician requested treatments included Outpatient physical therapy to the head and neck for six visits and Outpatient consultation to Ophthalmologist

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient physical therapy to the head and neck for six visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, outpatient physical therapy to the head and neck times six visits is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are head contusion; and cervical spine sprain. The date of injury is October 26, 2014. The doctors first visit report is dated February 19, 2015. According to the progress note dated February 19, 2015, documentation indicates the injured worker received physical therapy 1 to 2 times per week times six visits. There were no physical therapy progress notes in the medical record. Subjectively, the injured worker was hit in the head with a refrigerator door and sustained injury to the neck and head. The injured worker had blurry vision. Objectively, there were no objective positive findings referable to the head and neck examination. Pupils were equal round and reactive, and the injured worker's gait was normal. Utilization review references a March 19, 2015 progress note. The patient received physical therapy but the total number of physical therapy sessions is not documented and objective functional improvement is not documented. There were no further updates regarding blurry vision. The final progress note is dated April 9, 2015 with the treating provider discharged the injured worker from care. The initial physical therapy request was for 1 to 2 times per week times six visits. The documentation indicates the injured worker received prior physical therapy. The guidelines recommend a six visit clinical trial and with evidence of objective functional improvement, additional physical therapy may be indicated. There was no evidence of objective functional improvement and, as a result, no additional physical therapy was clinically indicated. Consequently, absent clinical documentation with objective functional improvement referencing prior physical therapy and compelling clinical documentation indicating additional physical therapy is clinically warranted, outpatient physical therapy to the head and neck times six visits is not medically necessary.

Outpatient consultation to Ophthalmologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 127-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, outpatient consultation to Ophthalmologist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a

patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are head contusion; and cervical spine sprain. The date of injury is October 26, 2014. The doctors first visit report is dated February 19, 2015. According to the progress note dated February 19, 2015, documentation indicates the injured worker received physical therapy 1 to 2 times per week times six visits. There were no physical therapy progress notes in the medical record. Subjectively, the injured worker was hit in the head with a refrigerator door and sustained injury to the neck and head. The injured worker had blurry vision. Objectively, there were no objective positive findings referable to the head and eye examination. Pupils were equal round and reactive, and the injured worker's gait was normal. Utilization review references a March 19, 2015 progress note. There was no clinical indication or rationale for an ophthalmology consult based on the subjective and objective findings during the February 19, 2015 progress note. There were no positive objective findings indicating an ophthalmology consult is clinically indicated. A CAT scan of the head was appropriate at that time based on symptoms of blurry vision. There was no documentation in the medical record indicating an ophthalmology consultation was going to aid in the diagnosis, prognosis or therapeutic management of the injured worker. Additionally, eight weeks later the injured worker was discharged from the treating providers care. There was no progression of the ophthalmologic symptoms. Consequently, absent clinical documentation with positive ophthalmologic findings indicating an ophthalmologic consultation is clinically indicated, outpatient consultation to Ophthalmologist is not medically necessary.