MAXIMUS Federal Services

Case Number:	CM14-0151409		
Date Assigned:	09/19/2014	Date of Injury:	05/16/2013
Decision Date:	12/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine and is licensed to practice in California. 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:

He has a history of a head injury with loss of consciousness and concussion. After the accident he suffered from worsened back pain, tremors, stuttering, short-term memory loss and mood issues with depression and anxiety. He was evaluated on 06/02/14 in a Physical Medicine and Rehabilitation (PM&R) clinic. He had a history of cervical stenosis and continued headaches, anxiety, neck pain, tremors, and sleep disturbance. He had difficulty with his activities of daily living (ADLs). He had physical therapy in the past but stopped going because he did not have transportation. He had ongoing issues with forgetfulness, lack of initiative, and poor problem-solving skills and reported frequent falls but tried to exercise. He had problems with nightmares and was abusing alcohol. He had brain imaging about a month before and was told it was normal. His headache radiated down his neck and was intermittent and daily. Review of systems revealed depression, anxiety, tremors, sleep disturbances, post-traumatic stress disorder PTSD, and frequent falls. He was in no acute distress and was awake and alert. He had limited range of motion of the low back with tenderness in the cervical paraspinals. He had a mildly positive Romberg. He was oriented to person, place, and city but not date. He had difficulty with recall and could follow three-step commands. Sensation, strength, and tone were intact. He could not fully relax to assess his reflexes. He had deficits in balance and ambulation with a history of recent falls and impaired activities of daily living, cognition, and memory. An EEG was under consideration. He was referred to physical therapy (PT) to work on his balance and help with core strengthening and posture. He was referred to occupational therapy to review his activities of daily living. He was not driving. On 07/01/14, he was evaluated by a psychologist and his functioning remained poor. He seemed to have worsened over the past year. He could not prepare his own meals and described anxiety and irritability. He was not productively engaged in any routine activities. It seemed there were significant organic components

interfering with his functioning. The psychologist was going to help him manage his anxiety. He was seen on 07/10/14. Numerous types of therapy have been advised. He was unchanged and motor, reflexes, sensory, and gait exams were normal. He was advised to see a certified psychiatrist. He had an occupational therapy evaluation on 08/11/14. He had generalized pain with cognitive deficits and pain in the shoulder region. He reported that his health was poor due to pain, depression, and anxiety. He had impaired memory and could not cook. He had neck, back, and hip pain and ambulated with some difficulty. He had decreased sensation in the right elbow, wrist, and fingers. His hand function and coordination were normal. He was distracted and had impaired memory (not fully described) and problem-solving. He had decreased functional cognition, visual/perceptual skills, and decreased independence with ADL tasks. 8 visits of OT over 16 weeks were recommended. He attended a PT evaluation on 08/25/14 and was diagnosed with abnormality of posture and gait with difficulty walking. He had muscle weakness and low back pain. He reported failing about twice per week. He had left hip pain and frequent whole-body tremors and jerks and was easily startled. He required frequent repetition of cueing. He had some loss of balance but was able to self-correct. On 08/28/14, he reported that he was improving with head injury clinic visits and he wanted his care to be transferred there. He had a slow, guarded gait and full painless range of motion of all major muscle groups and joints. He had difficulty answering questions or was slow to respond. His concentration, insight, and judgment were poor and he did not know the date. He received Soma, Clonazepam, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional two visits of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 2 visits of PT for unknown body parts and indications. The claimant has attended PT for his injury and the results of the rehab are unknown. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that he was exercising at home and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 2 visits of physical therapy has not been clearly demonstrated. Therefore, the request for additional physical therapy is not medically necessary.

Two additional visits of occupational therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 2 visits of OT for unknown body parts and indications. The claimant has attended OT for his injury and the results of the rehab are unknown. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The notes indicate that he was exercising at home and there is no clinical information that warrants the continuation of OT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent HEP and no indication that supervised exercises are likely to be more beneficial than independent exercise and self-management of symptoms. The medical necessity of the additional 2 visits of physical therapy has not been clearly demonstrated, therefore, not medically necessary.

Two additional visits of speech 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Head: Speech Therapy

Decision rationale: The history and documentation do not objectively support the request for 2 additional speech therapy visits. The MTUS do not address speech therapy and the ODG state "speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication.Criteria for Speech Therapy:- A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease.- Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level.- Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months.- The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist.- Treatment beyond 30 visits requires authorization (McCurtin, 2012) (Brady, 2012"In this case, there is no evidence of communication impairment due to speech problems or any swallowing disorders. The

indication for speech therapy has not been clearly described and none can be ascertained from the records. The claimant has reportedly attended speech therapy following this injury and the benefit to him of this type of treatment is unclear. It is not clear whether his medication use and use of alcohol have been addressed as possible causes of his memory problems and other issues. The medical necessity of continuing speech therapy has not been clearly demonstrated. Therefore, the request for additional speech therapy is not medically necessary and appropriate.