

<b>Case Number:</b>	CM14-0156325		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This 78 year old patient had a date of injury on 12/8/2011. The mechanism of injury was not noted. In a progress noted dated 6/30/2014, the patient was noted to have participated in his therapies and had reasonable insight into his deficits. On a physical exam dated 6/30/2014, spasticity is present, and gait is hemiparetic. The majority of the functional goals have been met. Speech production with use of gestures, picture dictionary, and drawing. The recommendation is for him to transition to outpatient following his [REDACTED] program. The diagnostic impression shows aphasia, neurogenic bowel and bladder, industrial related cerebrovascular accident with spastic right hemiplegia. Treatment to date: medication therapy, behavioral modification, physical therapy, occupational therapy, speech therapy. A UR decision dated 8/29/2014 denied the request for physical therapy 3x3, and occupational therapy 3x3, stating that the total number of prior therapy visits, the date of the last visit, as well as the response to both PT and OT already provided are not clearly outlined. Also, there is limited evidence of significant objective and functional deficits in the physical exam to support the need for additional supervised care. Furthermore, there is no mention of recent flare up of symptoms and trail and failure of home exercise program. Speech therapy 2x5(9 hours per week) was denied, stating that speech therapy visits 2 times a week for 3 weeks is medical necessary, considering the claimants noted improvements from prior [REDACTED] aphasia program and residual speech deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 X 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, pg 114

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the documentation provided, the total amount of previous physical therapy visits and objective functional benefits obtained from these visits were not discussed. Furthermore, the requested body part intended for these physical therapy sessions was not specified. Therefore, the request for physical therapy 3x3 was not medically necessary.

**Occupational Therapy 3 x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm wrist, hand

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. However, the total number of occupational therapy visits was not discussed. Furthermore, it was noted in a 6/30/2014 progress report that his functional goals were met in occupational therapy program, and it was unclear what additional benefits further visits would provide. Therefore, the request for occupational therapy 3x3 was not medically necessary.

**Speech Therapy 2 x 5 (9 hours per week):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Arch Phys Med Rehabil. 2000 Dec;81(12):1596-615. Evidenced-based cognitive rehabilitation: recommendations for clinical practice. Cicerone KD, Dahlberg C, Kalmar K, Langenbahn DM, Malec JF, Bergquist TF, Felicetti T, Giacino JT, Harley JP, Harrington DE, Herzog J, Kneipp S, Laatsch L, Morse PA

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

**Decision rationale:** CA MTUS does not address this issue. ODG state that 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. However, although benefits were noted from previous therapy, there total amount of speech therapy visits were not documented. Furthermore, no clear rationale was provided regarding why this patient requires additional therapy of 2x5(hrs./week). Therefore, the request for speech therapy 2x5(9hrs/week) was not medically necessary.