

<b>Case Number:</b>	CM14-0159577		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine & Rehabilitation 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:

The injured worker is a 44-year-old male who reported an injury after falling from high scaffolding on 01/27/2014. On 06/21/2014, his diagnoses included paraparesis secondary to spinal cord injury, history of DVT/pulmonary embolism on chronic anticoagulation, status post spinal surgery, history of heparin induced thrombocytopenia, history of gram positive culture for epidural hematoma as a postoperative complication, neurogenic bladder requiring self catheterization, and neurogenic bowel requiring daily enemas. His injuries included C4 and C7 fractures. He was status post ACDF (Anterior Cervical Decompression and Fusion) at C4-6 and posterior decompression at C3-T1 on 01/31/2014. He was receiving physical therapy and occupational therapy at home. He was able to stand over a sink for 10 to 20 minutes without dizziness. He was able to perform standing transfers with assistance. He also incurred a right distal radius and ulnar styloid fracture and was casted until the end of 03/2014. As of 06/24/2014, he did not yet have returned function in his right hand. His occupational therapy was primarily for his right upper extremity. He was experiencing neuropathic pain to that extremity described as a "cold brush", which was being treated with Neurontin 600 mg. He needed assistance with dressing, bathing, toileting, bed mobility, transfers, eating, and grooming. As of 06/16/2014, he had completed 11 sessions of home-based physical therapy and 11 sessions of home-based occupational therapy. He was noted to have continued decreased active range of motion and strength in the right upper extremity which was nonfunctional. His occupational therapy included instructions in ADL training including the skills and performance of self-care, work and play/leisure activities to a level of independence appropriate to his age, and to provide muscle re-education to his upper extremities. There was no Request for Authorization included in this injured worker's chart.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Four occupational therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

**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 & Upper Back, Physical Therapy Guidelines.

**Decision rationale:** The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The Official Disability Guidelines allow 8 visits over 10 weeks for fracture of the vertebral column with spinal cord injury. The number of therapy sessions that this injured worker had received already exceeded the recommendations in the guidelines. The guidelines do not support any further therapy sessions. Therefore, this request for 4 occupational therapy sessions is not medically necessary.