

<b>Case Number:</b>	CM14-0176048		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 66-year-old female with an 8/20/11 date of injury. The mechanism of injury occurred when she was assaulted by 5 women, knocked down multiple times and kicked and punched repeatedly in the back, neck, and arms. According to an appeal noted dated 9/25/14, the patient continued to report neck pain radiating into the upper back and scapular regions. The patient underwent physical therapy in 2012 and then in 2014 under FRP. At this time, she is feeling "deconditioned" again. She stated that she performs her exercises but sometimes feels "off balance" when she ambulates. She has been reporting imbalance and difficulty ambulating since spring of 2012 and was falling around once weekly. In reviewing the physical therapist's report dated 2/5/14, it appears that the patient did have improvement in her shoulder strength with flexion and abduction. Objective findings from a previous exam: patient ambulates without assistance, tenderness over posterior cervical paraspinal muscles, tenderness over the neck and upper back, weakness in left shoulder range of motion; slightly antalgic gait but able to ambulate without a cane, restricted cervical and shoulder range of motion. Diagnostic impression: acquired spondylolisthesis, lumbar sprain/strain, and neck pain. Treatment to date: medication management, activity modification, physical therapy, home exercise program. A UR decision dated 9/22/14 denied the request for physical therapy. The scope, nature, and outcome of prior physical therapy including objective changes in range of motion, strength, or functional activity tolerance and pain level were not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; 6 visits for gait training:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 Official Disability Guidelines (ODG) Knee Chapter - Gait Training

**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. CA MTUS does not specifically address ODG. According to ODG, gait training is teaching patients with severe neurological or musculoskeletal disorders to ambulate, or to ambulate with an assistive device, and is necessary for training individuals whose walking abilities have been impaired by neurological, muscular or skeletal abnormalities or trauma. Gait training is not appropriate when the individual's walking ability is not expected to improve, or for relatively normal individuals with minor or transient abnormalities of gait who do not require an assistive device, when these transient gait abnormalities may be remedied by simple instructions to the individual. However, in the present case, it is noted that the patient has had previous physical therapy in 2012 and in FRP in 2014. The total number of completed sessions was not noted in the records provided for review. In addition, there is no updated clinical documentation providing a comprehensive physical exam with objective measurements regarding the efficacy of the past physical therapy treatments. Furthermore, it is noted that this patient is able to ambulate without a cane and without assistance. Guidelines do not support gait training in patients who do not require an assistive device. Therefore, the request for Physical therapy; 6 visits for gait training was not medically necessary.