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| Case Number: | CM14-0037308 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/06/2012 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 44 year old male who was injured on 10/06/2012 after falling off of a ladder. He was diagnosed with cervical disc disease and fractures, partial ACL and MCL tears of the right knee, brain injury due to head trauma, skull fracture, right knee degenerative disease, left shoulder impingement, and left carpal tunnel syndrome. He was treated with physical therapy, TENS unit, surgery (cervical, right knee), and oral medications. Following his head injury, he has been anxious, agitated, restless, poor impulse control, nervous, and fearful as well as occasionally confused. Speech has been loud, pressured, and at times difficult to interrupt, but comprehensible. He is married, and his wife brings him to appointments, typically. He was seen by a psychologist frequently for his changes in behavior, feelings, and thought patterns as well as his substance abuse. He began attending [REDACTED], a rehabilitation center/transitional living center, on 10/21/13, which he was discharged from recently (3/12/14). The worker reportedly was performing home exercises in the gym while staying at [REDACTED]. Upon discharge, he was prescribed physical therapy, occupational therapy, speech therapy, and neuropsychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Outpatient occupational therapy (3x6) then re-evaluate along with transportation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Carpal Tunnel Syndrome Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that physical medicine, including occupational therapy and physical therapy, is recommended as long as there is a transition to less passive therapy and more active, unsupervised home therapy to maintain strength and stability in the affected body parts. It is generally recommended that physical and occupational therapy is completed over 4 weeks for neuralgia (8-10 visits), and over 8 weeks for myalgia and myositis (9-10 visits). In the case of this worker, physical medicine was used during his stay at [REDACTED] [REDACTED] over many months, and he had been successfully performing home exercises by then, which would make additional passive therapy unnecessary. Also, the request for 18 sessions of both occupational and physical therapy and 12 sessions of pool therapy is more than necessary or recommended, if he hadn't completed supervised therapy already. Also, the request for transportation is not reasonable as the worker's wife has been transporting him since his injury with no report in the documents to suggest that this may not continue. Therefore, 18 sessions of Outpatient occupational therapy (3x6) then re-evaluate along with transportation are not medically necessary.

18 sessions of physical therapy (3x6) then re-evaluate along with transportation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Neck & Upper Back Procedure Summary, Shoulder Procedure Summary & Knee and Leg Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that physical medicine, including occupational therapy and physical therapy, is recommended as long as there is a transition to less passive therapy and more active, unsupervised home therapy to maintain strength and stability in the affected body parts. It is generally recommended that physical and occupational therapy is completed over 4 weeks for neuralgia (8-10 visits), and over 8 weeks for myalgia and myositis (9-10 visits). In the case of this worker, physical medicine was used during his stay at [REDACTED] [REDACTED] over many months, and he had been successfully performing home exercises by then, which would make additional passive therapy unnecessary. Also, the request for 18 sessions of both occupational and physical therapy and 12 sessions of pool therapy is more than necessary or recommended, if he hadn't completed supervised therapy already. Also, the request for transportation is not reasonable as the worker's wife has been transporting him since his injury with no report in the documents to suggest that this may not continue. Therefore, 18 sessions of physical therapy (3x6) then re-evaluate along with transportation are not medically necessary are all not medically necessary.

16 sessions of speech therapy (3x6) then re-evaluate along with transportation: 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. Evidence based cognitive rehabilitation: recommendations for clinical practice.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Cicerone KD, et. al., Arch Phys Med Rehabil. 2000 Dec;81(12): 1596-615. Evidence-based cognitive rehabilitation: recommendation for clinical practice.

Decision rationale: The MTUS Guidelines are silent regarding speech therapy for head injuries. Other references were found. Some research supports cognitive rehabilitation, including speech therapy, for persons with brain injuries. Speech therapy can be recommended for those patients who are exhibiting language, functional communication, and executive functioning. In the case of this worker, it isn't clear that he has been exhibiting any speech disability, only behavioral and mood changes related to his injury, according to the notes available for review. Without documentation that shows his need for speech therapy, 16 sessions of speech therapy (3x6) then re-evaluate along with transportation are not medically necessary.

12 sessions of pool therapy (2 times a week for 6 weeks) then re-evaluate along with transportation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Knee and Leg Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that physical medicine, including occupational therapy and physical therapy, is recommended as long as there is a transition to less passive therapy and more active, unsupervised home therapy to maintain strength and stability in the affected body parts. It is generally recommended that physical and occupational therapy is completed over 4 weeks for neuralgia (8-10 visits), and over 8 weeks for myalgia and myositis (9-10 visits). In the case of this worker, physical medicine was used during his stay at [REDACTED] [REDACTED] over many months, and he had been successfully performing home exercises by then, which would make additional passive therapy unnecessary. Also, the request for 18 sessions of both occupational and physical therapy and 12 sessions of pool therapy is more than necessary or recommended, if he hadn't completed supervised therapy already. Also, the request for transportation is not reasonable as the worker's wife has been transporting him since his injury with no report in the documents to suggest that this may not continue. Therefore, 12 sessions of pool therapy (2 times a week for 6 weeks) then re-evaluate along with transportation are all not medically necessary.