

Case Number:	CM14-0149119		
Date Assigned:	09/30/2014	Date of Injury:	03/01/2007
Decision Date:	01/28/2015	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 patient is a 69-year old male with date of injury 3/1/07 who subsequently suffered a CVA in 2010 resulting in right hemiplegia, slurred speech, dementia and neuralgia. The treating physician report dated 8/7/14 (41) indicates that the patient presents complaining of musculoskeletal problem as well as depression/anxiety, headaches, hypertension, and sexual dysfunction. The physical examination findings reveal the patient is currently not taking any medications, has weakness and ataxic as well as abnormal/Babinski reflex on the right side, is obese and is wheelchair bound. Prior diagnostic testing, imaging reports/studies were not supplied for this review. The current diagnoses are: -History of cerebrovascular accident eight years ago with residual right sided weakness in the upper and lower extremities-Hypertension-Dysphagia-Erectile dysfunctionThe utilization review report dated 8/21/14 denied the request for Physical therapy 2 x 4 of the upper and lower extremities, Occupational therapy 2 x 4 of the upper and lower extremities, Speech therapy 2 x 4, Acupuncture 2 x 4, Orthopedic shoes-purchase and Home Health Care 24x7 (Full Time) based on CA MTUS, ACOEM, ODG and Priority Health Medical Policy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 of the upper and lower extremities: 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), Head, Physical Medicine

Decision rationale: The patient presents post a cerebral vascular accident (CVA) in 2010 resulting in right hemiplegia, slurred speech, dementia and neuralgia. He currently complains of a musculoskeletal problem as well as depression, anxiety, headaches, hypertension, and sexual dysfunction. The current request is for physical therapy (PT) 2 x 4 of the upper and lower extremities. The treating physician report dated 8/7/14 which revealed that the patient was not currently taking any medications, had complaints of weakness and ataxic, noted abnormal/Babinski reflex on the right side, was obese as well as wheelchair bound. MTUS guidelines state that for physical therapy see physical medicine guidelines. MTUS supports physical therapy 8-24 visits based upon injury. Official Disability Guidelines (ODG) addresses physical medicine for Hemiplegia based upon either acute (20-40 visits over 4 weeks) or sub-acute (6-12 visits over 12 weeks) phases. The guidelines are silent on PT post sub-acute phase. The physician records supplied do not document any rationale for PT treatment, documentation of prior history of PT or any responses from treatments performed. Based on the medical records, the patient is past the sub-acute phase and without a documented change in condition the request for PT does not meet the MTUS or ODG requirements. Therefore, this request is not medically necessary.

Occupational therapy 2 x 4 of the upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents post a cerebral vascular accident (CVA) in 2010 resulting in right hemiplegia, slurred speech, dementia and neuralgia. He currently complains of a musculoskeletal problem as well as depression/anxiety, headaches, hypertension, and sexual dysfunction. The current request is for occupational therapy (OT) 2 x 4 of the upper and lower extremities. The treating physician report dated 8/7/14 which revealed that the patient was not currently taking any medications, had complaints of weakness and ataxic, noted abnormal/Babinski reflex on the right side, was obese as well as wheelchair bound. MTUS guidelines state that for occupational therapy see physical medicine guidelines. MTUS supports occupational therapy 8-24 visits based upon injury. Official Disability Guidelines (ODG) addresses physical medicine for Hemiplegia based upon either acute (20-40 visits over 4 weeks) or sub-acute (6-12 visits over 12 weeks) phases. The guidelines are silent on OT post sub-acute phase. The guidelines are silent on OT post sub-acute phase. The physician records supplied do not document any rationale for OT treatment, documentation of prior history of OT or any responses from treatments performed. . Based on the medical records, the patient is past the sub-

acute phase and without a documented change in condition the request for PT does not meet the MTUS or ODG requirements. Therefore, this request is not medically necessary.

Speech therapy 2 x 4: 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), Head, Speech Therapy

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 patient presents with musculoskeletal problem as well as depression/anxiety, headaches, hypertension, dysphagia and sexual dysfunction. The current request is for Speech therapy 2 x 4. The treating physician report dated 8/7/14 which revealed that the patient was not currently taking any medications, had complaints of weakness and ataxic, noted abnormal/Babinski reflex on the right side, was obese as well as wheelchair bound. MTUS is silent on this treatment. Official Disability Guidelines (ODG) states the following 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 and that the level and complexity of the services requested can only be rendered safely; and effectively by a licensed speech and language pathologist or audiologist. In this case, the treating records provided do not document any of the four criteria noted above. The injured worker had a cerebrovascular accident in 2007 followed by several more; however, documentation is not provided. There is mention of slurred speech and dysphagia but no documentation that this has become acutely worse. Therefore, this request is not medically necessary.

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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

Decision rationale: The patient presents with musculoskeletal problem as well as depression/anxiety, headaches, hypertension, dysphagia and sexual dysfunction. The treating physician report dated 8/7/14 which revealed that the patient was not currently taking any medications, had complaints of weakness and ataxic, noted abnormal/Babinski reflex on the right side, was obese as well as wheelchair bound. MTUS is silent on this treatment. Official Disability Guidelines (ODG) states this treatment is "recommended for headaches, with better

effect found for the treatment of migraine than tension headaches. Persistent benefits from acupuncture treatment have been found, but patients with chronic tension headache have shown less benefit than those with migraines." In this case, the records provided do not document that the patient has either chronic tension headaches or migraines. Therefore, this request is not medically necessary.

Orthopedic shoes-purchase: 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), Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Orthotic Devices

Decision rationale: The patient presents with musculoskeletal problem as well as depression/anxiety, headaches, hypertension, dysphagia and sexual dysfunction. The current request is for orthopedic shoes-purchase. The treating physician report dated 8/7/14 which revealed that the patient was not currently taking any medications, had complaints of weakness and ataxic, noted abnormal/Babinski reflex on the right side, was obese as well as wheelchair bound. MTUS is silent on this treatment. Official Disability Guidelines (ODG) states orthotic devices are recommended for plantar fasciitis and that the use of shock absorbing inserts in footwear probably reduces the incidence of stress fractures. In this case, the treating physician records reference two studies of orthopedic shoes, one for treating stress fractures and stress reactions of bone of the lower limbs in young adults and the second for treating plantar fasciitis. The treating physician records provided have not documented any medical indication for the need for orthopedic shoes. Therefore, this request is not medically necessary.

Home Health Care 24 x 7 (Full Time): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The patient presents with musculoskeletal problem as well as depression/anxiety, headaches, hypertension, dysphagia and sexual dysfunction. The current request is for Home Health Care 24 x 7 (Full Time). The treating physician report dated 8/7/14 which revealed that the patient was not currently taking any medications, had complaints of weakness and ataxic, noted abnormal/Babinski reflex on the right side, was obese as well as wheelchair bound. MTUS guidelines state "Home health services: Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by

home health aides like bathing, dressing, and using the bathroom when this is the only care needed". Currently the patient is approved for home health care for 5 hours a day 7 days a week. The treating physician has not prescribed any medical treatment to be performed at home that requires additional assistance from a caregiver. Furthermore, there is a lack of description of the patient's functional status at home and any additional requirement that are not being met by the current home health care services. Therefore, this request is not medically necessary.