

<b>Case Number:</b>	CM14-0188955		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational Medicine 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:

Patient is a 62 year-old male with date of injury 07/19/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/22/2014, lists subjective complaints as pain in the neck and interscapular area. Objective findings: Examination of the left shoulder revealed reduced range of motion at less than 90 degrees for flexion and 90 degrees for abduction. No other physical examination findings were documented by provider. Diagnoses are: 1. Traumatic brain injury 2. Neck pain, status post C1-C4 fusion on 08/07/2013 3. Thoracic pain, status post fracture of thoracic spine 4. Lumbar pain. Patient attends physical therapy sessions four times a week and has been doing so since October of 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone over 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Physical therapy is not medically necessary.

**Speech therapy:** 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 Chapter, 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 (Trauma, Headaches, etc., not including Stress & Mental Disorders), Speech Therapy.

**Decision rationale:** According to the Official Disability Guidelines, among the several criteria necessary for authorization of additional speech therapy greater than 30 visits is that documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. The patient has had improvements in his ability to swallow, but there is no documentation that further improvement is anticipated. Speech therapy is not medically necessary.