

<b>Case Number:</b>	CM14-0203108		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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, has a subspecialty in Medical Toxicology and is licensed to practice in West Virginia. 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 individual is a 73 year old male who sustained an industrially related injury on May 23rd, 2007. He has ongoing complaints of generalized weakness, dysphagia and respiratory dysfunction. He has a history of nasopharyngeal cancer for which he received XRT. Side effects of therapy led to numerous admissions for pneumonia/COPD over the past year. He was treated at a skilled nursing facility recently, I am unable to locate from and to dates of admission in the record. While there he was evaluated and approved for 6 sessions of physical therapy for general rehabilitation. The available physical examination records indicate this individual is wheelchair bound secondary to lower extremity weakness (2-3/5), a gastric feeding tube is present, DTRS are within normal limits, and there is also significant mucous production and rhonchi in the lower lung fields. This request is for continuation of physical therapy, past utilization review was denied due to lack of record of benefit of initial trial and requested number of session exceeding guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 2 times a week for 8 weeks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pulmonary, physical therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The Official Disability Guidelines (ODG) states regarding physical therapy for pulmonary dysfunction; "Allow for fading of treatment frequency 2-3 times a week for 6-12 weeks with longer durations (another 4-8 weeks) for well-motivated patients, patients who cannot achieve the same results at home on their own, or in individuals in whom there is rapidly diminishing results." It further states that programs lasting more than 12 weeks have been associated with more prolonged benefits in pulmonary patients. The available record indicates that this patient is motivated, that there are legitimate physical limitations to self-directed rehabilitation and that the results obtained during his inpatient stay are rapidly diminishing. Further, the individual was noted to have gained benefit from his prior physical therapy. Per guidelines this individual would be allowed an additional 4-8 weeks of therapy. The request for physical therapy 2 times a week for 8 weeks is within accepted guidelines and will extend him into the 12+ weeks of therapy where maximum benefit is obtained. As such, I am reversing the prior review and find the above request medically necessary.