

Case Number:	CM15-0006086		
Date Assigned:	01/26/2015	Date of Injury:	03/11/1997
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 47 year old male who sustained a work related injury March 11, 1997. Past medical history includes hypertension and cholesterol elevation. According to a history and physical report dated November 7, 2014, he was working and suffered a major head trauma that caused neck injury and a herniated disk with arm and leg weakness and pain. He was treated and noted to have done well maintaining gait, station and strength and functional use of limb and trunk. Over the past ten years he has developed a combination of spasticity, incoordination, dysfunction of the pharynx and swallowing, with multiple infections of his bladder and pneumonia. He was diagnosed with multiple sclerosis; myoclonic twitching and spasticity and contractures of all four limbs along with slurring of speech, gagging, neurogenic dystonia of the throat, and dysphagia causing swallowing problems. He has a gastrostomy tube for feeding and is essentially bedridden with his quadriparesis and spasticity. A request for authorization was made December 2, 2014, for skilled nursing home health aide and physical and occupational therapy. According to utilization review dated December 16, 2014 the request for Skilled Nursing (SN) and Certified Home Health Aide (CHHA) 3 x/week x 10 weeks is certified. The request for Physical Therapy (PT) and occupational Therapy (OT) 3 x/week x 10 weeks is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times a week for 10 weeks: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the physical therapy three times a week for 10 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the medical documentation consisted of a hospital stay from November 2014 and an emergency room visit. The injured worker's working diagnoses are multiple sclerosis; myoclonic twitching and spasticity; contractures of all four limbs; slurring of speech; gagging; neurogenic dystonia of throat; and dysphagia causing swallowing problems. There was no other medical documentation in the medical record. The injured worker is 47 years old with multiple problems. Yet his work was employed as an electronics specialist for the Police Department. He suffered major head trauma and late 1990s that caused a neck injury, herniated disc with arm and leg weakness and pain. Over the subsequent 10 years, the injured worker developed combination of spasticity, incoordination, dysfunction of pharynx and swallowing with multiple infections of the bladder and pneumonia. The claimant developed myoclonic twitching and specificity with contracture of all four limbs associated with slurred speech, gagging and swallowing problems. He was diagnosed with multiple sclerosis. During a November 2014 hospital stay, the injured worker was started on clonazepam. He underwent a workout while hospitalized with a lumbar puncture and magnetic resonance imaging. The MRI showed advanced multiple sclerosis. The injured worker has a severe decubitus formation overlying the sacral bone. He requires IV and antibiotics for the infection. The injured worker underwent a cystogram that showed right posterior lateral diverticula. A super pubic catheter was placed for drainage purposes. The injured worker is receiving wound care services with IV antibiotics. The injured worker is bedridden and has a G-tube in place. The injured worker, while in the hospital, was approved for 16 visits of occupational therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Pending completion of the authorized physical therapy (16) sessions, the injured worker should be reevaluated at that point in time. The documentation does not contain any compelling clinical facts warranting additional physical therapy. Consequently, absent clinical documentation to support additional physical therapy (over and above 16 authorized) additional physical therapy three times a week for 10 weeks is not medically necessary.

Occupational Therapy, 3 times a week for 10 weeks: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy three times a week for 10 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the medical documentation consisted of a hospital stay from November 2014 and an emergency room visit. The injured worker's working diagnoses are multiple sclerosis; myoclonic twitching and spasticity; contractures of all four limbs; slurring of speech; gagging; neurogenic dystonia of throat; and dysphagia causing swallowing problems. There was no other medical documentation in the medical record. The injured worker is 47 years old with multiple problems. He was employed as an electronics specialist for the Police Department. He suffered major head trauma and late 1990s that caused a neck injury, herniated disc with arm and leg weakness and pain. Over the subsequent 10 years, the injured worker developed combination of spasticity, incoordination, dysfunction of pharynx and swallowing with multiple infections of the bladder and pneumonia. The claimant developed myoclonic twitching and spasticity with contracture of all four limbs associated with slurred speech, gagging and swallowing problems. He was diagnosed with multiple sclerosis. During a November 2014 hospital stay, the injured worker was started on clonazepam. He underwent a workup while hospitalized with a lumbar puncture and magnetic resonance imaging. The MRI showed advanced multiple sclerosis. The injured worker has a severe decubitus formation overlying the sacral bone. He requires IV and antibiotics for the infection. The injured worker underwent a cystogram that showed right posterior lateral diverticula. A super pubic catheter was placed for drainage purposes. The injured worker is receiving wound care services with IV antibiotics. The injured worker is bedridden and has a G-tube in place. The injured worker, while in the hospital, was approved for 16 visits of occupational therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Pending completion of the authorized physical therapy (16) sessions, the injured worker should be reevaluated at that point in time. The documentation does not contain any compelling clinical facts warranting additional physical therapy. Consequently, absent clinical documentation to support additional physical therapy (over and above 16 authorized) additional physical therapy three times a week for 10 weeks is not medically necessary.