

<b>Case Number:</b>	CM15-0169364		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/08/2009
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 5-08-2009. The injured worker was diagnosed as having chronic anoxic encephalopathy, anoxic brain damage during and-or resulting from a procedure, pseudobulbar palsy, and neuropathic pain. Treatment to date has included diagnostics, physical therapy, cortisone injection, occupational therapy, right shoulder surgery x4, cervical spinal surgery in 7-2014 (with post surgery neurological and speech changes, involuntary jerks, spontaneous orgasms with the sight of sweet substances, ataxia, and headaches), speech therapy, vision therapy, and medications. Electroencephalogram (3-26-2015) was normal. Magnetic resonance imaging of the brain (4-30-2015) noted minimal supratentorial white matter changes most compatible with chronic small vessel disease, given her age and otherwise no acute intracranial or structural abnormality. The progress report (7-18-2015) noted approval for 6 versus 12 treatments requested, with recommendation to transition to home treatments. It was documented that the treatments helped motivate her and she was doing more home therapies, which helped her focus on the task at hand. She was driving with more confidence and reducing her overall use of pain medications. Her daughter stated that home therapy was not practical due to lack of support and equipment needed. According to the injured worker's daughter, she had declined since her therapies were held. The injured worker's spouse noticed some functional decline but not to the extent of his daughter's observations. The injured worker was emotional in her demeanor and otherwise remained close to baseline, except more tremors in her lower extremities. Currently (8-11-2015), the injured worker's complaints were documented as "none recorded." Her pain scale rating was

4 and her body mass index was 36.3%. It was documented that she improved after resuming her therapy sessions and continued to show improvement with cognition, mobility, and safety awareness. She continued to have difficulty with memory, balance, and emotional lability. Physical exam noted moderate distress due to anxiety and impaired balance and memory. She showed some third nerve palsy on the left side and hypersensitive superior oblique movement from cranial nerves, 6 on the right side. Exam of the extremities (upper and lower) showed rigid type movements, increased reflexes on the right, hypersensitive to touch in the lower extremities but decreased on the left upper and lower extremities, and restless type leg movements in both lower extremities. Choreoathetotic movements decreased with the use of her prism glasses. She was able to drive and ambulate with assistance. The treatment plan included additional speech therapy, occupational therapy, and physical therapy (x8), non-certified by Utilization Review on 8-19-2015. Although it appeared that the injured worker received extensive sessions of therapies (speech, physical, and occupational), the actual number of completed sessions could not be determined.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PT x 8 AT CNS Qty 8:** 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).

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

**Decision rationale:** The patient was injured on 05/08/09 and presents with cervical spine pain. The request is for PT X 8 AT CNS QTY 8. There is no RFA provided and the patient's current work status is not provided. The utilization review denial letter states that the patient has already had 36 visits of PT and OT. ODG Guidelines, Head chapter, under Physical Medicine treatments: Hemiplegia and hemiparesis (ICD9 342): Acute inpatient phase: 20-40 visits over 4 weeks. Subacute phase: 6-12 visits over 12 weeks. The patient is diagnosed with chronic anoxic encephalopathy, anoxic brain damage during and-or resulting from a procedure, pseudobulbar palsy, and neuropathic pain. Treatment to date has included diagnostics, physical therapy, cortisone injection, occupational therapy, right shoulder surgery x 4, cervical spinal surgery in 7- 2014 (with post surgery neurological and speech changes, involuntary jerks, spontaneous orgasms with the sight of sweet substances, ataxia, and headaches), speech therapy, vision therapy, and medications. The 06/02/15 report indicates that the patient has therapy 3 days a week for 3 hours (one hour each) a day for PT, OT, and Speech Therapy. The 07/01/15 report states that the patient had been undergoing therapy for PT/OT/Speech Therapy, As I see her every month or so I have noticed improvements in her overall ability to talk, walk, do household things which she had been able to perform prior to the surgery. The 07/17/15 report states that she has been undergoing therapy for PT/OT/Speech therapy. The treatments she is receiving helped motivate her and she is also doing home therapies which helps her focus on the task at hand. She has been driving with more confidence with the help of OT. Her pains with the PT had been helping reduce her overall use of pain medications. She had been getting tired after her treatments but last one was on June 10th. Over the past 5 weeks she has been resolved to home therapy but according to the patient and her daughter, this is not as practical due to lack of support and equipment needed to perform maneuvers. She is now having more

daily headaches, leg pains, spasms of the fingers, emotional liability which appears to be worsening. These (symptoms) have worsened since the PT and OT has been stopped. In this case, the MTUS and ODG do not differentiate OT vs. PT during the chronic treatment phase. This patient's injury dates back to 2009 and is currently in a chronic phase. While in an ideal world, on-going therapy treatments without an end may be possible, there is lack of guidelines support for such treatments without an end point. It would appear that the patient recently underwent a prolonged period of therapy for 36 sessions. Therefore, the request IS NOT medically necessary.

**OT x 8 at CNS Qty 8: 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).

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

**Decision rationale:** The patient was injured on 05/08/09 and presents with cervical spine pain. The request is for OT X 8 AT CNS QTY 8. There is no RFA provided and the patient's current work status is not provided. The utilization review denial letter states that the patient has already had 36 visits of PT and OT. ODG Guidelines, Head chapter, under Physical Medicine treatments: Hemiplegia and hemiparesis (ICD9 342): Acute inpatient phase: 20-40 visits over 4 weeks. Subacute phase: 6-12 visits over 12 weeks. The patient is diagnosed with chronic anoxic encephalopathy, anoxic brain damage during and-or resulting from a procedure, pseudobulbar palsy, and neuropathic pain. Treatment to date has included diagnostics, physical therapy, cortisone injection, occupational therapy, right shoulder surgery x4, cervical spinal surgery in 7- 2014 (with post surgery neurological and speech changes, involuntary jerks, spontaneous orgasms with the sight of sweet substances, ataxia, and headaches), speech therapy, vision therapy, and medications. The 06/02/15 report indicates that the patient has therapy 3 days a week for 3 hours (one hour each) a day for PT, OT, and Speech Therapy. The 07/01/15 report states that the patient had been undergoing therapy for PT/OT/Speech Therapy, As I see her every month or so I have noticed improvements in her overall ability to talk, walk, do household things which she had been able to perform prior to the surgery. The 07/17/15 report states that she has been undergoing therapy for PT/OT/Speech therapy. The treatments she is receiving helped motivate her and she is also doing home therapies which helps her focus on the task at hand. She has been driving with more confidence with the help of OT. Her pains with the PT had been helping reduce her overall use of pain medications. She had been getting tired after her treatments but last one was on June 10th. Over the past 5 weeks she has been resolved to home therapy but according to the patient and her daughter, this is not as practical due to lack of support and equipment needed to perform maneuvers She is now having more daily headaches, leg pains, spasms of the fingers, emotional liability which appears to be worsening. These (symptoms) have worsened since the PT and OT has been stopped. In this case, the MTUS and ODG do not differentiate OT vs. PT during the chronic treatment phase. This patient's injury dates back to 2009 and is currently in a chronic phase. While in an ideal world, on-going therapy treatments without an end may be possible, there is lack of guidelines support for such treatments without an end point. It would appear that the patient recently underwent a prolonged period of therapy for 36 sessions. Therefore, the request IS NOT medically necessary.

## **Speech Therapy x 8 CNS Qty 8: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, under Speech Therapy (ST).

**Decision rationale:** The patient was injured on 05/08/09 and presents with cervical spine pain. The request is for SPEECH THERAPY X 8 CNS QTY 8. The utilization review rationale is that it remains relevant that this patient has completed an extraordinary amount of treatment. A clear diagnosis still has not truly been established in this patient. There is no RFA provided and the patient's current work status is not provided. The utilization review letter states that the patient has already had 51 visits of speech therapy. MTUS does not mention speech therapy. ODG Guidelines, Head Chapter, under Speech Therapy (ST) Section states, "Recommended as indicated below. Criteria for Speech Therapy are: 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. The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Treatment beyond 30 visits requires authorization." The patient is diagnosed with chronic anoxic encephalopathy, anoxic brain damage during and-or resulting from a procedure, pseudobulbar palsy, and neuropathic pain. Treatment to date has included diagnostics, physical therapy, cortisone injection, occupational therapy, right shoulder surgery x4, cervical spinal surgery in 7-2014 (with post surgery neurological and speech changes, involuntary jerks, spontaneous orgasms with the sight of sweet substances, ataxia, and headaches), speech therapy, vision therapy, and medications. The 06/02/15 report indicates that the patient has therapy 3 days a week for 3 hours (one hour each) a day for PT, OT, and Speech Therapy. The 07/01/15 report states that the patient had been undergoing therapy for PT/OT/Speech Therapy, As I see her every month or so I have noticed improvements in her overall ability to talk, walk, do household things which she had been able to perform prior to the surgery. The 07/17/15 report states that she has been undergoing therapy for PT/OT/Speech therapy. The treatments she is receiving helped motivate her and she is also doing home therapies which helps her focus on the task at hand. She has been driving with more confidence with the help of OT. Her pains with the PT had been helping reduce her overall use of pain medications. She had been getting tired after her treatments but last one was on June 10th. Over the past 5 weeks she has been resolved to home therapy but according to the patient and her daughter, this is not as practical due to lack of support and equipment needed to perform maneuvers She is now having more daily headaches, leg pains, spasms of the fingers, emotional liability which appears to be worsening. These (symptoms) have worsened since the PT and OT has been stopped. In this case, the patient has had improvement from prior speech therapy. Therefore, the request IS medically necessary.