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| <b>Case Number:</b>   | CM15-0193118 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 10/04/2012 |
| <b>Decision Date:</b> | 12/03/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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:

This 30 year old woman sustained an industrial injury on 10-4-2012. Diagnoses include lyme disease, encephalopathy, small intestine bacterial overgrowth, and bartonella. Treatment has included oral medications. Physician notes dated 7-15-2015 show complaints of abdominal pain, impaired and altered memory, fatigue, and small intestine bacterial overgrowth. The physical examination shows "abnormal memory" and "small intestine bacterial overgrowth" without further details. Recommendations include new Lyme physician, occupational and physical therapies, and neuropsychological testing. Utilization Review denied requests for occupational and physical therapies on 9-1-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OT/PT (body part, laterality, frequency and duration not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Based on the AME report dated 02/13/15, the patient presents with chronic Lyme disease. The request is for OT/PT (BODY PART, LATERALITY, FREQUENCY AND DURATION NOT SPECIFIED). The request for authorization is not provided. Patient's clinical impression includes chronic Lyme disease with neurologic sequelae; Hashimoto's thyroiditis; vitamin D deficiency; hypereosinophilia; post-traumatic stress disorder. On examination, she had laparoscopic scars from cholecystectomy. Laboratory testing revealed slightly elevated platelet count at 428,000. The ANA was borderline positive at 1:80, speckled. The anti-thyroid microsomal antibodies were positive at 413.3 IU/mL (<5.6). The urinalysis was remarkable for 1+ leukocytes, blood, and ketones. The culture grew out >100,000 colonies of Enterobacter cloacae. The electrocardiogram was within normal limits. The echocardiogram showed 60 percent left ventricular function. There was trace mitral regurgitation. Based on reasonable medical probability, her symptoms of myalgia, arthralgias, headaches, sleep disturbance, and cognitive were compatible with, and could be explained as, the myofascial manifestation and encephalopathy associated with Lyme disease. Patient's medications include CoQ10, Vitamin D, Resveratrol, Turmeric, B-12, Zofran, Zithromycin, Levothyroxine, Cyclobenzaprine, Mobic, Xanax, Clindamycin, Plaquenil, Singulair, Xopenex, Advair, Probiotics, Tiger Balm, Benadryl, Zrytec, and Digestaway. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. The patient continues with myalgia associated with Lyme disease. Given the patient's condition, a short course of Occupational/Physical Therapy would appear to be indicated. Review of provided medical records show no evidence of any prior Occupational/Physical Therapy. MTUS allows up to 10 visits for non post-op conditions. However, the treater does not specify the frequency and duration of visits, and thereby a determination cannot be made. Therefore, given the lack of documentation, the request IS NOT medically necessary.