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| <b>Case Number:</b>   | CM15-0195445 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 05/29/2014 |
| <b>Decision Date:</b> | 12/30/2015   | <b>UR Denial Date:</b>       | 09/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2015 |

### 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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 5-29-14. The injured worker has complaints of ongoing headaches and posterior neck pain, back aches and depression. The injured worker has a history of imaging negative cerebral vascular accident (versus possible conversion disorder) presenting on 5-29-14 with symptoms consistent with right middle cerebral artery cerebral vascular accident with left hemiparesis, dysphagia, visual and cognitive deficits. The injured worker feels that water gets stuck when she drinks; it helps if she puts thickener in it and she is having difficulty swallowing chunky food. The injured worker is alert; speech is fluent with occasional hesitancy, +accent, follows one to two step commands without delay. The injured worker has trace left facial weakness. Left upper extremity is 3+ out of 5 for shoulder elevation and abduction; 4 out of 5 elbow flexion and extension; 3+ out of 5 wrist extension and grip and 2 to 3 out of 5 for finger extension. Left lower extremity is documented as 3 out of 5 for hip flexion through limited range; abduction was 3+, 4 out of 5 knee extension and flexion and 2 to 3 out of 5 dorsiflexion through limited range. The diagnoses have included stroke; dysphagia, left hemiparesis and visual field loss following cerebrovascular. Treatment to date has included physical therapy; ankle-foot orthosis (AFO); speech sessions; home exercise program; back and neck injections; Effexor and klonopin. The documentation noted that her ankle-foot orthosis (AFO) is not fitting well and when she walks without the ankle-foot orthosis (AFO) she drags her left foot. The injured worker finished physical therapy and was doing well with recommendations of more. The injured worker finished speech therapy sessions but needs; more sessions for her memory as well as swallow, her pronunciation has overall improved and she feels less "stuck" on words. The original

utilization review (9-22-15) non-certified the request for speech therapy two times a week for six weeks, quantity, 12 sessions; physical therapy two times a week for six weeks for the left foot, quantity, 12 sessions and occupational therapy two times a week for eight weeks for the left foot, quantity, 16 sessions. The request for AFO (Ankle Foot Orthosis) brace has been modified to left ankle ankle-foot orthosis (AFO) brace.

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

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

#### **Speech therapy two times a week for six weeks, quantity: 12 sessions: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head; speech therapy.

**Decision rationale:** MTUS is silent on this, but ODG state: "Recommended as indicated below. Speech therapy (ST) is the treatment of communication impairment and swallowing disorders. Speech and language therapy is defined as therapy services, including diagnostic evaluation and therapeutic intervention, that are designed to improve, develop, correct, rehabilitate, or prevent the worsening of speech/language communication and swallowing disorders that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Speech and language disorders are those that affect articulation of speech, sounds, fluency, voice, swallowing (regardless of the presence of a communication disability), and those that impair comprehension, or spoken, written, or other systems used for communication. Criteria for Speech Therapy: 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." She was previously authorized for speech therapy, and has not yet met the 30 session limit, so the request for 12 sessions is medically necessary.

#### **Physical therapy two times a week for six weeks for the left foot, quantity: 12 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "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. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." She has had prior sessions of physical therapy and has done well with them, but there is no plan for reducing the number of sessions and replacing them with home exercises. There is no plan for how these additional sessions are fitting into the plan with her home exercise program. Additionally, the medical documents do not note exceptional factors that would allow for treatment duration in excess of the guidelines. As such, the request for Physical Therapy x 12 visits, left foot is not medically necessary.

**Occupational therapy two times a week for eight weeks for the left foot, quantity: 16 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Ankle and Foot, Physical Therapy, ODG Preface - Physical/Occupational Therapy.

**Decision rationale:** California MTUS guidelines refer to occupational therapy physical medicine guidelines for physical therapy and recommends as follows: "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. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." She has had prior sessions of occupational therapy and has done well with them, but there is no plan for reducing the number of sessions and replacing them with home exercises. There is no plan for how these additional sessions are fitting into the plan with her home exercise program. Additionally, the medical documents do not note exceptional factors that would allow for treatment duration in excess of the guidelines. As such, the request for Occupational Therapy x 16 visits, left foot is not medically necessary.

**AFO (Ankle Foot Orthosis) brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot; AFO.

**Decision rationale:** ODG states: "Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. A shoe-clasp orthosis that attaches directly to the heel counter of the shoe also may be used." She has met the criteria for an AFO previously and continues to meet it, so the request for an AFO is medically necessary.