

<b>Case Number:</b>	CM15-0034202		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	05/01/2006
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Pain Management

### 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 male (DOB illegible) who sustained an industrial injury on 05/01/2006 resulting in numbness and tingling of the mouth, difficulty speaking, numbness, tingling and weakness involving the face and hands. The Injured worker was diagnosed with intracerebral hemorrhage. Treatment provided to date was not noted, and diagnostic tests were not provided or mentioned. Comorbid diagnoses included history of hypertension, diabetes, dyslipidemia and stroke. On 12/10/2014, physician progress report noted complaints of weakness and numbness of the right upper extremity, difficulty with balance, difficulty gripping and grasping with the right upper extremity, inability to write, difficulty with attention and concentration, and slurring of speech. Additional complaints include anxiety, depression, difficulty with memory, headaches involving the craniocervical region and radiating forward, and low back pain. The physical and neurological exams revealed impaired attention, concentration and short term memory, facial weakness on the right, decreased gag reflex, slurring of speech, unable to perform rapid alternating movements with the right upper and right lower extremities, spastic right hemiparesis 4-/5, hyperactive reflexes in the right upper and lower extremities with up-going toes, decreased perception involving the right upper and lower extremities and the right side of the face, and a spastic hemi paretic gait with the help of a cane. The provider noted diagnoses of left basal ganglia hypertensive hemorrhage with left to right shift resulting in right spastic hemiplegia with cognitive deficit. According to this report (12/10/2014), the plan of care includes 12 sessions of physical therapy and follow up in 8 weeks. Requested treatments include: 8 occupational therapy for the right upper and right lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 2 x wk x 4 wks right upper and lower extremity:** 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 Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Head Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is noted that the patient has a history of stroke with significant functional deficits. However, there is no documentation of specific objective functional improvement with any previous sessions to demonstrate the likelihood that ongoing therapy will result in any continued improvement for the patient. In light of the above issues, the currently requested physical therapy is not medically necessary.