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| Case Number: | CM15-0036552 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 05/15/2013 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 was a 52 year old male, who sustained an industrial injury, May 15, 2013. According to progress note of December 8, 2014, the injured workers chief complaint was back and neck pain. The injured worker rated the 4-8 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was receiving daily treatment through rehab physical therapy, occupational therapy and speech therapy. According to the progress note the injured worker was becoming more aggressive and unpredictable over the past couple of months. The primary treating physician suggested the injured worker see a psychological therapy services. According to the progress note of July 15, 2014, the injured worker was diagnosed with a spinal cord injury and brain injury. The injured worker had progressed from a wheel chair to a wheeled walker with a seat, since the injury. The physical exam noted moderate to severe neck and back pain with numbness and tingling in the left upper extremity radiating in to the hand and right leg. The injured worker was diagnosed with spondylosis without myelopathy, degeneration of thoracic intervertebral disc, cervical post-laminectomy syndrome, thoracic neuritis, lumbosacral radiculitis, chronic pain syndrome, dysuria, and late effect of traumatic brain syndrome, injury of the head and injury of the shoulder region. The injured worker previously received the following treatments daily physical therapy, speech therapy, occupational therapy, gabapentin, Duloxetine, Lorazepam, Percocet, Phenazopyridine, Senokot, Tamsulosin ER. Laboratory studies and pain management. January 21, 2015, the primary treating physician requested authorization for occupational therapy, physical therapy and an attendant to help the injured worker to and from supervised gym Activities. On February 2, 2015, the Utilization Review denied authorization for

occupational therapy, physical therapy and an attendant to help the injured worker to and from supervised gym Activities. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy 2 times a week: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy/occupational for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed extensive physical therapy and the records submitted for review do not contain recent information about response to this ongoing therapy or expectations of ongoing therapy. Without this information, occupational therapy two times a week is not medically indicated.

Speech therapy 2 times a week: 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, Speech therapy.

Decision rationale: CA MTUS is silent on speech therapy. ODG section on Head, Speech therapy states that speech therapy is indicated under the following circumstances: 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. In this case, the records do not adequately address prior speech therapy (number of sessions, response to sessions) nor do they describe expectations of ongoing speech therapy. The request for ongoing speech therapy two times a week for an undefined period of time is not medically indicated.

Attendant to help injured worker get to and from and supervise gym activities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health. Decision based on Non-MTUS Citation Department of Health Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation.

Decision rationale: CA MTUS does not directly address transportation for medical appointments. The ODG section on knee states that in patients who require nursing home level care and are otherwise unable to transport themselves to appointments, transportation for medical appointments may be medically necessary. In all other cases, transportation is not medically necessary. The claimant in this case does not require nursing home level care and there is no documentation in his records of any other specific need for transportation or an attendant. An attendant to take him to and from gym activities is not medically indicated.

Physical therapy 2 times a week: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed extensive physical therapy and the records submitted for review do not contain recent information about response to this ongoing therapy or expectations of ongoing therapy. Without this information, physical therapy two times a week is not medically indicated.