

<b>Case Number:</b>	CM14-0150957		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 2-29-12. Medical records reflect the claimant sustained a spinal cord injury with lower extremity paraplegia and neurogenic bladder. The claimant performs self-catheterization every 4 hours or when needed. Office visit on 3-7-14 notes the claimant Medical records reflect the claimant is a 54 year old male who sustained a work injury on 2-29-12. Medical records reflect the claimant sustained a spinal cord injury with lower extremity paraplegia and neurogenic bladder. The claimant performs self-catheterization every 4 hours or when needed. Office visit on 3-7-14 notes the claimant was status post thoracic fracture with paraparesis, status post thoracic fusion. The claimant uses ankle/foot orthotics to bilateral lower extremities. The claimant had no significant pain. Home health visit on 6-27-14 notes the claimant had onset of joint pain. The claimant had two incidents where the CHHA was off and the claimant's wife attempted to assist the patient with transfer into bed. The claimant requires maximum assistance from a CCHA with all ADL's and household needs and will continue to need this assistance to the foreseeable future. The claimant is provided with home health aide. was status post thoracic fracture with paraparesis, status post thoracic fusion. The claimant uses ankle/foot orthotics to bilateral lower extremities. The claimant had no significant pain. Home health visit on 6-27-14 notes the claimant had onset of joint pain. The claimant had two incidents where the CHHA was off and the claimant's wife attempted to assist the patient with transfer into bed. The claimant requires maximum assistance from a CCHA with all ADL's and household needs and will continue to need this assistance to the foreseeable future. The claimant is provided with home health aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 physical therapy (PT) visits for the bilateral shoulders and bilateral lower extremities.:**  
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 Physical Medicine Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. There is an absence in documentation noting that this claimant cannot perform a home exercise program. This claimant has been provided with 39 sessions with physical therapy in the past year. Based on the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The requested course of physical therapy is excessive and inconsistent with the recommendations of the CA MTUS guidelines. The medical necessity of the request is not established.