MAXIMUS Federal Services

Case Number:	CM14-0163907		
Date Assigned:	10/08/2014	Date of Injury:	01/27/2014
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 44 year old male who sustained a work injury on 1-27-14. Per the case management notes, the patient fell 20 feet head first onto grass from losing balance on a platform. The claimant had an ACDF C4 t C6 and posterior decompression C3 to T1. Office visit on 9-16-14 notes the claimant is receiving physical therapy and occupational therapy until 8-14-14. The claimant had the ability to stand for 20 minutes without difficulty. He had difficulty with memory and reading without trouble interacting with family. He had trouble with concentration. He was noted not to have return function in the right hand compared with the left. The patient was having ongoing weakness. The patient was having occupational therapy due to the dorsal radial portion of the right hand. The patient had a neurogenic bowel. The patient had a neurogenic bladder. The patient was noted to be voiding regularly throughout the day, 150 to 200 mL at a time. The patient was noted to be utilizing a caregiver 16 hours a day. The documentation indicated the patient needed assistance with dressing, bathing, toileting, bed mobility, transfers, eating and grooming. The patient was noted to be quadriplegic. The patient was able to follow 1 step commands without significant difficulty, and was able to concentrate for the duration of the examination. The speech was within normal limits. The patient was non-ambulatory. The patient had full passive range of motion bilaterally. The patient had small amounts of edema in the right foot, and there were bilateral lower extremity TED hose on. Sensation was intact bilaterally through the upper extremities. It was intact to light touch bilaterally at L3, L4 and S2, and ASIA key points, but decreased to the bilateral SI and ASIA key points. The patient had decreased motor strength in the right cervical spine through Si. The patient was to continue occupational therapy and physical therapy. It was indicated the patient's spasticity was improved. As such, there would be a continuation of baclofen and dantrolene. The patient would continue with gabapentin for neuropathic pain. The documentation indicated the

patient was unable to leave home without assistance, and leaving home required significant and taxing effort. The patient had difficulty transferring and ambulating. Additionally, the patient was noted to live with his spouse and receive assistance from a person residing in the home. The documentation indicated the patient has paid help. The patient had a Hoyer lift, a rolling walker, a wheelchair, a power wheelchair, a tub chair, and a splint and brace. Office visit on 9-5-14 notes the claimant's caregiver assistance was needed for personal care and activities of daily living due to functional limitations. It was noted the care giver was not able to provide for hygiene needs. Additionally, per the prescription form of 09/16/2014, the patient was recommended to undergo physical therapy 2 to 3 times a week for 4 weeks, and occupational therapy once a week for 8 weeks, and have a personal attendant care for 8 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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. The claimant had been provided with physical therapy in the past. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. 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 siginficantly 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. There I an absence in documentation noting his response to prior therapy. 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.