MAXIMUS Federal Services

Case Number:	CM14-0166032		
Date Assigned:	10/13/2014	Date of Injury:	04/19/2013
Decision Date:	11/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a 38-year-old female who sustained a remote industrial injury on 04/19/13 diagnosed with concussion, headache, contusion of the knee, other late effects of cerebrovascular disease, vertigo, sensory problems with limbs, contusion of an unspecified part of the upper limb, and insomnia. Mechanism of injury occurred when the patient was hit by a large rock thrown by a student. The request for additional speech therapy, frequency and duration unspecified was non-certified at utilization review due to the lack of documentation of frequency and duration of the requested therapy and the lack of documentation of remaining deficits and treatment goals. The request for additional balance/vertigo physical therapy 2 times weekly for 3 weeks, unspecified body part was also non-certified at utilization review due to the lack of documentation of functional benefit from prior physical therapy and the lack of documentation of the number of visits completed to date. The most recent progress note provided is 10/14/14. Patient complains primarily of issues with headaches and vertical, along with complaints of fatigue. Another treating physician is trying to obtain an MRI of the brain to further assess the patient's headaches. Patient also reports speech abnormalities and difficulty walking with left foot drop. Physical exam findings reveal the patient has a left foot drop, slow and stuttering speech, numbness in the tip of the toe, and continued spasm to the left gastroc. Current medications include: Accolate, Baclofen, Benazepril, Cymbalta, Cyphroheptadine, Dantrolene Sodium, Depakote, Esgic, Fioricet, Hydrochlorothiazide, Ibuprofen, Meclizine, Nabumetone, Norco, Ondansetron, Protonix, Reglan, and Trazodone. It is noted that even though the patient continues to complain of vertigo, nystagmus, and slow/stuttering speech, the patient has improved from previously. It is also noted that the patient has returned to work modified duty. Provided documents include several previous progress reports that highlight the patient has participated in speech therapy and vestibular physical therapy with benefit, work status reports, speech therapy visit notes that

reveal the patient is benefiting from therapy and working on home exercise program worksheets, and vestibular physical therapy daily notes that indicates the patient has completed at least 16 sessions and continues to be at risk of falling but is urged to continue therapy practice at home. The patient's previous treatments include physical therapy, speech therapy, gait training, Toradol injections, a left knee immobilizer, and medications. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional balance/vertigo physical therapy 2 times weekly, unspecified body part, qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head and Physical Medicine Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Head, Vestibular PT rehabilitation

Decision rationale: According to ODG on Vestibular rehabilitation, "Vestibular rehabilitation should be considered in the management of individuals post-concussion with dizziness and gait and balance dysfunction that do not resolve with rest." In this case, the patient has such symptoms and has participated in at least 16 sessions of rehabilitation with documented benefit and functional improvement. However, MTUS guidelines cite, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has been instructed to continue therapy at home and the treating physician does not document limitations that would necessitate more vertigo physical therapy sessions over the patient continuing therapy in a safe home exercise program. Thus, medical necessity is not supported for an additional balance/vertigo physical therapy 2 times weekly, unspecified body part, qty: 6.

Additional speech therapy, frequency and duration unspecified, qty: 1: 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), Head, Speech Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Head, Speech therapy (ST)

Decision rationale: According to ODG on Speech therapy, "Speech therapy (ST) is the treatment of communication impairment and swallowing disorders." In this case, provided documentation highlights the patient has participated in speech therapy with obtained benefit but the number of sessions completed are not specified. Furthermore, ODG notes that treatment beyond 30 visits requires authorization and MTUS guidelines cite, "Patients are instructed and

expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has been working on home exercise program worksheets. Additionally, the treating physician does not document limitations that would necessitate more speech therapy sessions over the patient continuing therapy in a home exercise program. Thus, medical necessity is not supported for an additional speech therapy, frequency and duration unspecified, qty: 1.