

Case Number:	CM14-0098905		
Date Assigned:	07/28/2014	Date of Injury:	05/11/2006
Decision Date:	10/01/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/27/2014

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 Occupational 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:

The patient is a 46-year-old male who has submitted a claim for quadriplegia associated with an industrial injury date of May 11, 2006. Medical records from 2013 to 2014 were reviewed. The patient complained of right shoulder pain, bilateral foot pain and paresthesias. Significant objective functional gains from physical and occupational therapy were enumerated in a report on July 1, 2014. The patient has also received speech therapy; however progress from treatment was not discussed. Physical examination showed spasticity and contractures of the elbows, shoulders, wrists, knees and ankles. The current diagnoses are traumatic brain injury and bilateral spastic quadriparesis. Treatment to date has included oral and topical analgesics, standing frame, [REDACTED] Recovery Adult program (physical therapy, occupational therapy, speech therapy, and cognitive therapy), multiple orthopedic surgeries, home exercises, and botox injections. Utilization review from June 20, 2014 denied the request for [REDACTED] 5 days per week x 6 months (includes physical therapy, occupational therapy, speech, cognitive training). The extent of speech and cognitive deficit was not documented. It was also unclear how many sessions the patient has attended while participating in the [REDACTED] Recovery Adult Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] (5) days per week times (6) months. (Physical Therapy, Occupational Therapy, Speech, Cognitive training): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Physical medicine treatment; Speech therapy (PT); Cognitive therapy

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG recommends physical medicine treatment after traumatic brain injury. It consists of prevention of complications, improvement of muscle force, and range of motions, balance, movement coordination, endurance and cognitive functions. Regarding speech therapy, criteria include: 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; and level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Regarding cognitive therapy, ODG recommends cognitive therapy in patients with TBI. Cognitive behavioral psychotherapy and cognitive remediation appear to diminish psychological distress and improve cognitive functioning among persons with traumatic brain injury (TBI). Up to 13-20 visits over 7-20 weeks of individual sessions are recommended if progress is being made. In this case, the patient has received physical, occupational, speech and cognitive therapy as far back as June 2006. Significant objective functional gains from physical and occupational therapy were reported. Continued treatment is beneficial to the patient. However, there was no discussion regarding current speech and swallowing condition and neurocognitive impairment. The response to prior speech and cognitive therapy sessions were not discussed as well. The above-mentioned criteria for speech and cognitive therapy were not met. Since the requested treatment program includes speech and cognitive therapy, medical necessity cannot be established. Therefore, the request for [REDACTED] (5) days per week times (6) months (Physical Therapy, Occupational Therapy, Speech, Cognitive training) is not medically necessary.