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| **Case Number:** | CM15-0125279 | | |
| **Date Assigned:** | 07/16/2015 | **Date of Injury:** | 05/05/2010 |
| **Decision Date:** | 08/11/2015 | **UR Denial Date:** | 06/08/2015 |
| **Priority:** | Standard | **Application Received:** | 06/29/2015 |

## 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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

## 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 is a 28-year-old male, who sustained an industrial injury on 5/5/10. Initial injury of a work-related fall resulting in a loss of consciousness and T12 burst fracture/spinal fusion T10-T12 and post-surgical complications. The injured worker was diagnosed as having paraplegia; back pain; neurogenic bladder/bowl; neuropathic pain; anxiety; knee pain; shoulder pain; head trauma; dysphagia; depression; testosterone deficiency; appetite impaired; erectile disorder. Treatment to date has included multiple surgeries, physical therapy; home modification; motorized wheelchair; medications. Currently, the PR-2 notes dated 6/1/15 indicated the injured worker is being seen for his work related injuries. He is diagnosed with a T12 burst fracture, vertebral height loss anteriorly, retropulsion into the spinal canal resulting in narrowing of the canal. He reportedly underwent a spinal fusion at T10 to L2 with post injury complications which included pleural effusion, gastropleural fistulas with necrotic proximal stomach and a ruptured diaphragm. He underwent a total gastrectomy, repair of defect in the diaphragm, clean out of the thoracic empyema in the left chest, Roux-en-Y, esophageal jejunostomy and placement of a feeding J-tube 5/21/2010. He reports he is using extreme level of exercise to release endorphins that help his pain is that he will not need any more pain medications. However, this causes fatigue and he reports not taking in enough calories to offset the calories burned in exercise. He uses a wheelchair that is currently 5 years old and has multiple disrepair issues and has been repaired multiple times. He is awaiting approval for a new chair. He is also awaiting a FES bike noting it helped his to prevent worsening atrophy of the lower extremities and buttocks. He reports a bowel program twice a day and performs intermittent catheterization with Bard touch less catheters 5-6 times a day. He has had Botox1/2015 in order to increase bladder volume for less incontinence. The provider is requesting authorization of physical therapy consultation and treatment 3 times a week for 6 months (approximately 72 sessions) for the lower body.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy consultation and treatment 3 times a week for 6 months for lower body:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 99 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) In this case, the frequency of the treatment should be reduced from 72 to 6 or less sessions. More sessions will be considered when functional and objective improvement is documented. There is no documentation that the patient cannot perform home exercise. Therefore, the request for physical therapy consultation and treatment 3 times a week for 6 months (approximately 72 sessions) is not medically necessary.