

<b>Case Number:</b>	CM15-0128849		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/15/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37 year old male with an August 15, 2014 date of injury. A progress note from physical therapy dated May 25, 2015 documents objective findings (able to perform strengthening and stretching programs at home without issues; supervised for strengthening and endurance training at the community gym due to standing and balance deficits; continues to practice ambulation without an assistive device; uses single point cane in the community; increased fall risk due to tone, dynamic balance deficits, delayed reactive balance strategies, and weakness, ready to progress to outpatient therapy). A progress note from occupational therapy dated May 25, 2015 documents objective findings (decreased but improved grip strength; decreased but improved tripod pinch; decreased key pinch; continues to display improvements overall with functional endurance, standing balance, and upper extremity coordination for activities of daily living performance). Current diagnoses were noted to be status post spinal cord injury and head trauma, C6 tetraplegia, spasticity, knee pain, neck pain, back pain, and headaches. Treatments to date have included cervical decompression and fusion, medications, and intensive rehabilitation therapies. The treating physician documented a plan of care that included occupational therapy, physical therapy, and supervision with caretaker or personal trainer at community gym.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy 3 x 8 (24 sessions): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Head (trauma, headaches, etc., not including stress & mental disorders), Physical medicine treatment.

**Decision rationale:** The claimant sustained a work injury in August 2014 and continues to be treated for injuries as a result of blunt trauma while working as a sheriff deputy during an assault. The claimant sustained a cervical spinal cord injury and underwent a cervical spine fusion. He had acute level rehabilitation and is now living at home with his spouse and family. When seen, he had a C6 ASIA D spinal cord injury. He was having occasional episodes of word finding and memory difficulty. He was performing home stretching and strengthening and was participating in a strengthening and endurance training program at a local gym. He was practicing ambulating without an assistive device with occasional loss of balance. He was using a cane when ambulating in the community or over uneven surfaces and for prolonged distances due to fatigue. In terms of therapy, guidelines recommend fading of treatment frequency from up to 3 visits per week to 1 or less, plus an active self-directed home exercise program. In this case, the claimant has made a remarkable progress. He is able to perform home stretching and strengthening independently. He does not require the number or frequency of additional the therapy sessions being requested. In this case, there is no documentation of a need for specialized equipment that would require access to a gym. The supervision is not related to cognitive impairment but is being requested due to decreased balance as the claimant is progressing his ambulation. He is able to ambulate with a cane independently and should be able to progress his ambulation through a continued self-directed home exercise program with intermittent skilled therapy oversight and revision as needed. He does not require either caretaker or physical trainer supervision or a gym-based program. The request is not medically necessary.

**Physical therapy 3 x 8 (24 sessions): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Head (trauma, headaches, etc., not including stress & mental disorders), Physical medicine treatment.

**Decision rationale:** The claimant sustained a work injury in August 2014 and continues to be treated for injuries as a result of blunt trauma while working as a sheriff deputy during an assault. The claimant sustained a cervical spinal cord injury and underwent a cervical spine fusion. He had acute level rehabilitation and is now living at home with his spouse and family. When seen, he had a C6 ASIA D spinal cord injury. He was having occasional episodes of word

finding and memory difficulty. He was performing home stretching and strengthening and was participating in a strengthening and endurance training program at a local gym. He was practicing ambulating without an assistive device with occasional loss of balance. He was using a cane when ambulating in the community or over uneven surfaces and for prolonged distances due to fatigue. In terms of therapy, guidelines recommend fading of treatment frequency from up to 3 visits per week to 1 or less, plus an active self-directed home exercise program. In this case, the claimant has made a remarkable progress. He is able to perform home stretching and strengthening independently. He does not require the number or frequency of additional the therapy sessions being requested. Therefore, the request is not medically necessary.

**Supervision with caretaker or personal trainer at community gym: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Gym memberships and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

**Decision rationale:** The claimant sustained a work injury in August 2014 and continues to be treated for injuries as a result of blunt trauma while working as a sheriff deputy during an assault. The claimant sustained a cervical spinal cord injury and underwent a cervical spine fusion. He had acute level rehabilitation and is now living at home with his spouse and family. When seen, he had a C6 ASIA D spinal cord injury. He was having occasional episodes of word finding and memory difficulty. He was performing home stretching and strengthening and was participating in a strengthening and endurance training program at a local gym. He was practicing ambulating without an assistive device with occasional loss of balance. He was using a cane when ambulating in the community or over uneven surfaces and for prolonged distances due to fatigue. In this case, there is no documentation of a need for specialized equipment that would require access to a gym. The supervision is not related to cognitive impairment but is being requested due to decreased balance as the claimant is progressing his ambulation. He is able to ambulate with a cane independently and should be able to progress his ambulation through a continued self-directed home exercise program with intermitted skilled therapy oversight and revision as needed. He does not require either caretaker or physical trainer supervision or a gym-based program. The request is not medically necessary.