

<b>Case Number:</b>	CM15-0077821		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/14/2000
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 53 years old female patient, who sustained an industrial injury on 6/14/2000. The diagnoses have included quadriplegia, dysarthria, double vision, status post release of contractures of the upper and lower extremities; status post right elbow surgery for heterotopic ossification; right carpal tunnel syndrome and status post gastric bypass surgery. She sustained the injury due to involvement in a motor vehicle accident. Per the doctor's note dated 5/12/15, she had clear speech when she went speech therapy. She still require assistance for transfers and GI functions. The physical examination revealed limited ability of both upper and lower extremities and dysarthric speech. Per the note dated 3/10/15 her speech was difficult to understand with dysarthria and that she was to start speech therapy the following week. The documentation noted limited movement of her arms and legs with no spasticity noted at present in the legs. The documentation noted that she has gained weight and transfers require more assistance. She is not able to walk at home as she does not have parallel bars or two attendants to assist her. The documentation noted that the attendant does not feel comfortable being responsible for her in the pool and without therapy her function has deteriorated and transfers are more difficult. The medications list includes zanaflex. She has undergone release of contractures of the upper and lower extremities; right elbow surgery for heterotopic ossification and gastric bypass surgery. She has had unspecified numbers of physical therapy visits for this injury. The request was for physical therapy land based one times eight and physical therapy pool based one times eight.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Physical therapy; Land based 1x8:** Overturned

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

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

**Decision rationale:** Request: Physical therapy; Land based 1x8. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. This pt has quadriplegia. The documentation noted limited movement of her arms and legs with no spasticity noted at present in the legs. The documentation noted that she has gained weight and transfers require more assistance. She is not able to walk. The documentation noted that the attendant does not feel comfortable being responsible for her in the pool and without therapy her function has deteriorated and transfers are more difficult. She has had release of contractures of the upper and lower extremities. There are objective functional deficits that could be benefitted by PT. The request for Physical therapy; Land based 1x8 is deemed medically appropriate and necessary for this patient at this time.

### **Physical therapy; Pool based 1x8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** Request: Physical therapy; Pool based 1x8. Per MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. A medical need for reduced weight bearing status is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The pt has quadriplegia. The documentation noted that the attendant does not feel comfortable being responsible for her in the pool. The medical necessity of Physical therapy; Pool based 1x8 is not fully established for this patient.