

Case Number:	CM13-0041479		
Date Assigned:	02/20/2014	Date of Injury:	06/02/2005
Decision Date:	03/24/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year-old male with a date of injury of 06/02/2005. The listed diagnoses per [REDACTED] dated 09/12/2013 are: 1) Paraplegia 2) Impotence of organic nature 3) Spinal cord injury 4) Urinary problems 5) Chronic pain syndrome. According to report dated 09/12/2013, the patient presents for "T4 paraplegia assessment for [REDACTED]. Physical examination of the thoracic spine reveals hypertonicity, spasm and tenderness on both sides. Motor examination reports "T4 paraplegia, Quadriceps T4 paraplegia, Gastrocnemius, Ankle dorsiflexion grade 0 (total paralysis on both sides, foot inversion (anterior tibialis) grade 1 (palpable or visible contractions) on both sides." Request for Authorization states, "PT is diminishing range of motion in the cervical and lumbar spine. PT is only 29 yrs. He needs this to help him with strengthening & stretching with gait retraining." In report dated 08/14/2013, the treater recommends "strengthening and stretching with gait retraining with [REDACTED] to help him strengthen and balance for use in brace walking in combination with crutch walking."

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] Program for the Spinal Cord Injury and Chronic Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, www.██████████.org.

Decision rationale: This patient is a paraplegic with continued low back pain. Provider is requesting ██████████ Program For Spinal Cord Injury And Chronic Pain. Utilization review dated 10/07/2013 denied the request stating, "There is not sufficient documentation contradicting other guideline-supported conservative care." The MTUS, ACOEM and ODG guidelines do not discuss the ██████████ program. A search on the web on ██████████ indicates "██████████ is a franchise spinal cord recovery center that "provides an improved quality of life for people with a spinal cord injury through intense activity-based recovery programs." The ██████████ program provides a home or facility based program. The programs consist of activity based reconditioning, strengthening, exercising, stimulating muscles, gait training etc. Medical records indicate this patient has been participating in physical therapy. Physical therapy report dated 08/05/2013 indicates functional activities will include "recreational, exercise and functional reaching." Physical therapy goals include home exercise program (3 visits), recreational activities (6 weeks), increase in ROM 15%, increase strength 3+/5, and decreased pain during functional activities. Physical therapist ██████████ recommends patient continue with PT for 2 times per week for 6 weeks which would include body mechanic training and proper position and lifting strategies. In this case, the provider does not discuss why patient is unable to rehabilitate, "strengthening and stretching with gait training", with his current physical therapist. It is unclear as to what goals will be addressed by the ██████████ Program that cannot be addressed by his current physical therapy provider. Therefore, the request for ██████████ ██████████ Program for the Spinal Cord Injury and Chronic Pain is not medically necessary.