

Case Number:	CM13-0000314		
Date Assigned:	03/03/2014	Date of Injury:	02/04/2013
Decision Date:	04/11/2014	UR Denial Date:	04/18/2013
Priority:	Standard	Application Received:	05/06/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 33-year-old male with a date of injury of 02/04/2013. The listed diagnoses per [REDACTED] dated 04/12/2013 are multiple trauma, fractures of femur to both tibias and left ankle as well as hip dysesthesias of both ankles. According to report dated 04/12/2013 by [REDACTED], the patient sustained injuries to his legs and ankles and ultimately had surgery on 02/11/2013 to the left femur and the right tibia and an ORIF of the medial malleolus in the left ankle. Examination showed all surgical wounds appeared to be well healed over both lower extremities. There was large fluid pocket on the left lateral to posterior distal thigh noted; however, no noted sign of inflammation. There was some atrophy of the muscles of the left thigh noted. The patient had full range of motion of his hips, knees, and ankles. He is able to stand and walk but not "fluidly or naturally."

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH PHYSICAL THERAPY, TWICE PER WEEK FOR FIVE WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: For physical therapy medicine, MTUS page 98, 99 recommends for myalgia and myositis-type symptoms 9 to 10 visits over 8 weeks. This patient presents status post multiple BLE fractures due to a crushing injury. The treating physician is requesting home health physical therapy sessions, twice a week for five weeks. This patient is status post left femur intramedullary nailing retrograde, right tibia intra medullary nailing, left ankle open reduction internal fixation and medial malleolus fracture dated 02/06/2013. The patient has received 12 postoperative physical therapy sessions dating from 02/11/2013 to 04/14/2013. This patient is now past the 6 months postsurgical timeframe. The treating physician request for 10 additional physical therapy sessions exceeds what is recommended by MTUS guidelines. The request for home health physical therapy twice a week for five weeks is not medically necessary and appropriate.

HOME HEALTH AIDE, FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 51 has the following regarding home services, "Recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermediate basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker service like shopping, cleaning, laundry, and personal care given by a home healthcare needs like bathing, dressing, and using the bathroom when this is the only care needed." Occupational report dated 02/13/2013 notes patient needs help with "mod assistance" with ADL and "bed mobility." The report goes on to note that the patient returns to his apartment with support of his wife. Based on Occupational evaluation report, the patient does appear to need some home assistance given the level of dependency. However, MTUS guidelines allow up to 35hrs/week, and the request does not specify how many hours per day/week assistance are to be provided. The request a home health aide for four weeks is not medically necessary and appropriate.