

<b>Case Number:</b>	CM13-0026274		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 physician 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 60-year-old male who reported a work-related injury on 12/16/2002, specific mechanism of injury not stated. The patient is status post anterior cervical fusion, shoulder surgery, hernia repair times 3, L4 to S1 decompression and instrumented fusion, specific dates of all procedures not stated. A request authorization dated 04/08/2013 as well as 08/05/2013 rendered by ██████ documented request for home physical therapy for the patient. However, the clinical notes submitted for review failed to evidence rationale for the specific request. ██████ documents on clinical note dated 04/04/2013 that the patient is experiencing severe left-sided thigh pain described as a deep bone pain. The patient has undergone imaging studies since postoperative interventions were performed in 02/2013 to assess the patient's L4 through S1 transforaminal interbody fusion. The provider document postoperatively the patient sustained a fall. The provider documents the patient presents with 5/5 motor strength to the right lower extremity. Left lower extremity motor strength was 1/5 to 2/5. Abduction and adduction on the right was 3/5 to the left and 1/5 to 2/5. Quadriceps strength was full to the right side. The patient was able to extend his knee up about 2 inches off the ground on the left hand side. The provider documented the patient may be experiencing a delayed femoral neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The current request is not supported. The clinical notes fail to evidence a specific rationale for the patient to attend physical therapy interventions within the home. California MTUS indicates home health services are recommended only for otherwise recommended medical treatment for patients who are home bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Given the lack of rationale for home health physical therapy, duration and frequency of treatment, the request for home health physical therapy is not medically necessary and appropriate.