

Case Number:	CM13-0032416		
Date Assigned:	12/11/2013	Date of Injury:	02/29/2008
Decision Date:	02/13/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 and Rehabilitation 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 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 52-year-old female who reported a work related injury on 02/29/2008 after lifting a 30 pound box. The patient stated she felt instant back and right leg pain and described the pain as burning. The patient underwent an L4 through S1 fusion in 2009 and removal of implants, L4 to S1 with exploration of fusion and laminectomy to T10-11 and L2-3 in 2013. The patient's diagnoses include anxiety disorder, chronic pain syndrome, displacement of thoracic or lumbar intervertebral disc without myelopathy, postlaminectomy syndrome, sciatica and insomnia. The patient was noted to have removal of implanted spinal neurostimulator. A request has been made for home physical therapy and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy and occupational therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Procedure Summary.

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

Decision rationale: California chronic pain medical treatment guidelines indicate that home health services are recommended for only otherwise recommended medical treatment for patients who are home bound on a part time or intermittent basis to include generally up to no more than 35 hours per week. Per the clinical documentation submitted, the patient was not noted to be home bound. In addition, the duration and number of sessions and frequency for the physical therapy and occupational therapy was not noted in the request. Occupational therapy notes submitted for review stated the patient expressed that her mother could assist her as needed at home with activities of daily living. The patient reported she went shopping with her mom and sometimes needed help dressing but was independent with a 4 wheel walker for mobility. The efficacy of the patient's previous physical therapy and occupational treatments were not stated. There was not a rationale given for the request for in home physical and occupational therapy sessions for the patient. Therefore, the decision for home physical therapy and occupational therapy is non-certified