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| Case Number: | CM13-0042514 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 07/11/2012 |
| Decision Date: | 03/17/2014 | UR Denial Date: | 09/18/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 and Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 07/11/2012. The mechanism of injury was stated to be the patient fell down a flight of stairs and hit the back of his head and was knocked out. The patient was noted to be participating in cognitive behavioral therapy and a home exercise program. However, the patient was noted to have a decreased mobility in the left arm/shoulder since shoulder surgery. The patient reported incapacitating pain and significant difficulties with activities of daily living due to the shoulder surgery. The patient was noted to have an L1 compression fracture status post TLSO times 5 months per [REDACTED]. The patient was noted to have a concussion status post 06/17/2013 neuropsych evaluation, cervicogenic versus post concussive headache, and left shoulder injury 07/12/2012 with shoulder surgery 07/23/2013. The request was made for 6 cognitive behavioral therapy sessions for treatment of anxiety related to concussion and for continued home health for 1 month for assistance with ADLs due to recent left shoulder surgery and significant difficulties with activities of daily living due to postoperative pain and activity restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT), 6 sessions (1-2 times per week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT Section, page 23. Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy with evidence of functional improvement for a total of up to 6 to 10 visits over 5 to 6 weeks for individual sessions. The patient was noted to be approved for 6 cognitive behavioral therapy sessions. There is a lack of documentation indicating the patient was currently attending or had completed the 6 sessions. There was a lack of documentation indicating the patient's objective functional response to cognitive behavioral therapy to support ongoing treatment. Given the above, the request for cognitive behavioral therapy, 6 sessions, 1 to 2 times per week is not medically necessary.

Continuation of home health for one month for assistance with ADLs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that home health services are recommended for patients who are home bound and who are in need of part time or interment medical treatment for up to 35 hours per week, medical treatment does not include personal care given by home health aides such as bathing, dressing, and using the bathroom when this is the only care needed. Additionally, it does not include home maker services like shopping, cleaning, and laundry. The clinical documentation submitted for review indicated the patient had a necessity for assistance with dressing and showering as well as shampooing and cleaning the house and doing dishes. There was a lack of documentation indicating the patient was home bound and needed medical assistance. Given the above, the request for continuation of home health for 1 month for assistance with ADLs is not medically necessary.