

Case Number:	CM13-0051290		
Date Assigned:	12/27/2013	Date of Injury:	04/22/1995
Decision Date:	03/31/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 4/22/95. A utilization review determination dated 10/29/13 recommends non-certification of PT 2 x 6 and home health aide. 9/18/13 medical report identifies that the patient has been doing PT and he believes it is really helping him, but he continues to be in pain and has difficulty walking and performing ADLs including driving. His wife has been driving him around. He cannot take care of himself at home and needs help. He is currently residing in senior housing. There is a very large stair at his house that is very difficult for him and his wife to climb up and down and he has fallen a few times. He would like to have this fixed but they are unable to afford it. On exam, ROM is 20% of normal with severe tenderness in the posterior cervical and trapezius region. Low back exam shows difficulty rising from a seated to standing position and need for a cane for mobilization. Muscle strength was graded at 4/5 globally and there is a large bulge in the left buttock paralumbar region where his battery is with severe tenderness. Treatment plan included more PT as it is helping him, home health aide as well as transportation as he is unable to drive himself. Also, the provider noted that they will try to see if there is a way that his insurance can pay to fix the stair at his house as it is extremely hazardous to his health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical region (twice a week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

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

Decision rationale: Regarding the request for physical therapy to the cervical region (twice a week for 6 weeks), California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions. There is only a mention that the patient believes it to be helping him. The remaining deficits of the cervical spine are some ROM deficits and tenderness, and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested physical therapy to the cervical region (twice a week for 6 weeks) is not medically necessary

Home health aide: 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: Regarding the request for home health aide, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. There is no documentation of an evaluation for home health care and a specific plan for care including the type of care needed, number of hours per day and days per week required, etc. In light of the above issues, the currently requested home health aide is not medically necessary.