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| Case Number: | CM13-0051621 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 11/20/2002 |
| Decision Date: | 03/10/2014 | UR Denial Date: | 11/01/2013 |
| 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 male patient with a date of injury of 11/20/02. A utilization review determination dated 11/1/13 recommends non-certification of 24 home-based occupational therapy visits. There is reference to a medical report dated 10/22/13 which identifies that the patient underwent surgery for spinal stenosis on 5/29/13. His recovery was complicated by a large and deep ski breakdown on the buttocks that remains unhealed. He is non-ambulatory and cannot take more than 3 steps without assistance. Objective examination findings identify cervical spine tenderness with 25% loss of rotation, bilateral shoulders tender to palpation anteriorly with forward flexion and abduction to 120 degrees each. Apley's test is positive bilaterally. Lumbar spine was limited due to pain and the inability to stand more than a few seconds. Hip flexion was 4-/5 bilaterally. Knees were in support braces and ROM was limited to 30-110 degrees bilaterally. Quadriceps strength was 4-/5 bilaterally. Bilateral ankles 4/5 in plantar flexion and 4-/5 in dorsiflexion. Treatment plan recommends occupational therapist (OT) to work on independence, transfers, dressing, bathing, and positioning. Home nursing is needed for wound care. He should begin a PT outpatient program 3 x 10 with emphasis on mobility, strengthening of the core and lower extremities, and to mobilize the shoulders. Patient claims that the home does not have the space for a home PT program.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Home-based occupational therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

Decision rationale: Regarding the request for 24 home-based occupational therapy visits, California MTUS supports up to 10 physical medicine visits in the management of conditions such as myalgia, myositis, neuralgia, neuritis, radiculitis, etc. Within the documentation available for review, there is documentation of significant functional deficits and the patient is noted to be homebound. The provider notes that OT is needed to work on independence, transfers, dressing, bathing, and positioning. Outpatient PT is also recommended by the provider. While it appears that some OT visits are appropriate, the need for 24 sessions is not supported by the CA MTUS and, unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested 24 home-based occupational therapy visits are not medically necessary.