

Case Number:	CM13-0052747		
Date Assigned:	12/30/2013	Date of Injury:	05/24/2010
Decision Date:	05/08/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice and is licensed to practice in 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 expert 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 injured worker is a 49-year-old male who reported injury on 05/24/2010. The mechanism of injury was the injured worker was setting up his fish case and was standing in front of the case closing it when he noticed a fish was falling out of the case to his left hand side. The injured worker made a twist to the left and felt a sharp tightness in the low back. The patient was noted to be status post L4-S1 posterior lumbar interbody fusion. The injured worker had been treated with physical therapy, chiropractic treatment, massage and aquatic therapy. It was indicated per the 08/21/2013 documentation that the injured worker had continued low back pain. The documentation indicated there was a letter from a skilled nurse written plan of care. The physician indicated the injured worker needed physical therapy for good body mechanics with out of bed and in and out of the shower/tub, grab bars for bathtub, steps for bathtub, grab bars to help pull up onto shower step, work on dressing lower body, home health care 3 times a week 4 hours a day to prepare foot, clean bedroom and bathroom, kitchen, laundry, grocery shopping, errands and therapy for depression. The injured worker's diagnoses included gastropathy secondary to medication use, failed back syndrome, radiculopathy and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTHCARE NURSING THREE TIMES A WEEK FOR FOUR HOURS A DAY TO PREPARE FOOD, CLEAN BEDROOM/BATHROOM/KITCHEN/LAUNDRY/GROCERY SHOPPING, TAKE ON ERRANDS FOR ONE YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

Decision rationale: California MTUS states home health services are recommended only for patients who are homebound and who are in need of part time or "intermittent" medical treatment of up to 35 hours per week. 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. The clinical documentation submitted for review failed to indicate the patient was homebound. There was a lack of documentation indicating the patient had need of medical treatment. Given the above, the request for home healthcare nursing three times a week for four hours a day to prepare food, clean bedroom/bathroom/kitchen/laundry/grocery shopping, take on errands for one year is not medically necessary.

HOME HEALTHCARE PHYSICAL THERAPY FOR GOOD BODY MECHANICS WITH OUT OF BED AND IN/OUT SHOWER/TUB AND DRESSING OF LOWER BODY THREE TIMES A WEEK FOR ONE YEAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Home Health services Page(s): 98-99, 51.

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had prior rehabilitation. There was a lack of documentation indicating the injured worker was homebound and could not participate in physical therapy outside the home. Additionally, per California MTUS guidelines, home health aide services like bathing and dressing are not medical treatment. There was lack of documentation indicating the injured worker had functional deficits to support the necessity for home healthcare physical therapy. Given the above, the request for home healthcare physical therapy for good body mechanics without of bed and in/out shower/tub and dressing of lower body three times a week for one year.

THERAPY FOR DEPRESSION TO BE INCLUDED WITH THE HOME HEALTH TREATMENT THREE TIMES A WEEK FOR ONE YEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

Decision rationale: California MTUS Guidelines indicate to consider psychotherapy after 4 weeks if lack of progress is made from physical medicine alone and with evidence of objective functional improvement, there can be a total of up to 6 to 10 visits. The clinical documentation submitted for review failed to provide a recent assessment to support the necessity for psychological therapy and to indicate whether the injured worker had prior therapy. There was a lack of documentation indicating the patient could not leave the home for therapy. A duration of 1 year without reassessment would not be medically necessary and would be considered excessive (156 visits). Given the above, the request for therapy for depression to be included with home health treatment three times a week for one year is not medically necessary.