

Case Number:	CM13-0053312		
Date Assigned:	12/30/2013	Date of Injury:	10/21/1999
Decision Date:	03/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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:

Claimant is a 68 year old female with date of injury 10/21/1999. Progress note dated 11/3/2013 reports that the claimant complains of neck and shoulder symptoms following a posterior fusion from C3 to C7 on 10/22/2013. On exam she needs total assistance with using a wheel chair, supervision needed walking greater than 150 feet, stand by assistance with greater than or equal to 12 stairs, minimal contact assistance with transfer to a tub, supervision with transfer to a shower and modified independence due to safety issues with grooming, bathing, dressing (upper and lower body), toileting, and toilet transfers. She has a history of progressively worsening gait ataxia associated with multiple falls secondary to severe cervical spondylitis myelopathy. She was also wearing a solid cervical collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions 3 times 4 between 11/7/13 and 1/6/14: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Per the postsurgical physical medicine guidelines, the postsurgical treatment period is 6 months and physical medicine recommendation is 24 visits over 16 weeks. The

claimant has already had 6 sessions of physical therapy and 6 sessions of occupational therapy, therefore 12 of the 24 visits recommended. The request is for an additional 12 sessions of physical therapy and 12 sessions of occupational medicine. Per these guidelines, an additional 12 sessions is recommended, not an additional 24. Physical therapy and occupational therapy are both physical medicine specialties. Clinical notes report that the claimant showed improvement in mobility with the use of physical therapy, which from the clinical notes appears to be one of her most limiting factors. The request for 12 physical therapy sessions, 3x4, is determined to be medically necessary.

12 occupational therapy sessions 3 times 4 between 11/7/13 and 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Per the postsurgical physical medicine guidelines, the postsurgical treatment period is 6 months and physical medicine recommendation is 24 visits over 16 weeks. The claimant has already had 6 sessions of physical therapy and 6 sessions of occupational therapy, therefore 12 of the 24 visits recommended. The request is for an additional 12 sessions of physical therapy and 12 sessions of occupational medicine. Per these guidelines, an additional 12 sessions is recommended, not an additional 24. Physical therapy and occupational therapy are both physical medicine specialties. Clinical notes report that the claimant showed improvement in mobility with the use of physical therapy, which from the clinical notes appears to be one of her most limiting factors. The request for physical therapy was determined to be medically necessary, which will account for the 24 total sessions recommended by these guidelines. The request for 12 sessions of occupational therapy, 3x4, is determined to not be medically necessary.

12 home health aide, bath, 3 times 4 between 11/7/13 and 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 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. (CMS, 2004)" Although the claimant has mobility restrictions and is limited in her ability to independently complete activities of daily living, these guidelines do not support the use of home health services when there is no medical treatment being provided. The request for 12 home health aide, bath, 3x4, is determined to not be medically necessary.

4 weeks of home care giver services, 12 hours a day between 11/7/13 and 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009), home health services are "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 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. (CMS, 2004)" Although the claimant has mobility restrictions and is limited in her ability to independently complete activities of daily living, these guidelines do not support the use of home health services when there is no medical treatment being provided. The request for 4 weeks of home care giver services, 12 hours a day, is determined to not be medically necessary.