MAXIMUS Federal Services

Case Number:	CM13-0061834		
Date Assigned:	12/30/2013	Date of Injury:	04/17/1980
Decision Date:	03/31/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 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:

According to the records made available for review, this is an 82-year-old male with a 4/17/80 date of injury. At the time of request for authorization for home health physical therapy, there is documentation of subjective (recurrent exertional chest discomfort) and objective (inpatient physical therapy evaluation indicating the patient is ready for physical therapy, requires assistance with general transfers and is able to sit and stand) findings, current diagnoses (recurrent chest discomfort, coronary artery disease, status post CABG on 10/25/13 and status post pacemaker implantation on 10/30/13), and treatment to date (inpatient physical therapy, CABG, stenting, pacemaker, and medications). In addition, physical therapy report plan indicates home health PT to progress ambulation tolerance and general strength to improve bed mobility and transfers with stand by assistance. There is no documentation of the number of hours per week of home health care requested and the number of physical therapy sessions requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Page(s): 51; 99..

Decision rationale: Regarding home health services, MTUS Chronic Pain Medical Treatment Guidelines identify documentation that the patient requires recommended medical treatment (where homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not the only care needed) and the patient is homebound on a part-time or intermittent basis, as criteria necessary to support the medical necessity of home health services. In addition, MTUS Chronic Pain Medical Treatment Guidelines identify documentation of no more than 35 hours per week. Regarding physical therapy, MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals as criteria necessary to support the medical necessity of physical therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Within the medical information available for review, there is documentation of diagnoses of recurrent chest discomfort, coronary artery disease, status post CABG on 10/25/13 and status post pacemaker implantation on 10/30/13. In addition, there is documentation that that the patient requires recommended medical treatment (physical therapy) and the patient is homebound on a part-time or intermittent basis. Furthermore, there is documentation of objective functional deficits and functional goals. However, there is no documentation of the number of hours per week of home health care requested and the number of physical therapy sessions requested. Therefore, based on guidelines and a review of the evidence, the request for home health physical therapy is not medically necessary.