

Case Number:	CM14-0000601		
Date Assigned:	01/17/2014	Date of Injury:	08/21/2006
Decision Date:	05/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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 patient is an employee of [REDACTED] and has submitted a claim for difficulty ambulating with an industrial injury date of August 21, 2006. Treatment to date has included medications, physical therapy, aquatic therapy, chiropractic treatment, and epidural injections. Utilization review from December 17, 2013 denied the request for home health physical therapy (PT) times twelve (12) and modified the request for home health care 8 hrs/day, 7 days/week indefinitely. The request for home health PT times twelve (12) was denied because the patient was not able to meet the guidelines. Medical records from 2009 through 2013 were reviewed, which showed that the patient complained of difficulty ambulating, severe neurogenic claudication, weakness, and failure to thrive. On physical examination, the patient appeared frail and chronically ill. His gait was very short-stepped and unstable. He was using a wheeled walker to aid with ambulation. He was moving very slowly with diminished lordosis in the lumbar spine, and had diffuse tenderness with painful lumbar range of motion. Home physical therapy was requested to assist the patient with movement out of bed and gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) HOME HEALTH PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, functional goals were defined; however, the patient previously had an unknown number of physical therapy sessions wherein functional improvement was not documented. In addition, the latest progress note was dated September 2013; however, the current functional status of the patient is not known. Therefore, the request for home health physical therapy times six (6) is not medically necessary.