

Case Number:	CM14-0002868		
Date Assigned:	01/29/2014	Date of Injury:	07/19/2011
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 a 58-year-old female who has submitted a claim for Sprain, lumbar region, associated with an industrial injury date of July 19, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient underwent anterior lumbar interbody fusion surgery L4-5 (October 1, 2013). On physical examination, surgical wound was healed. Neurologic examination was within normal limits. Lumbar x-ray (date of service not specified) revealed good early fusion. Treatment to date has included medications, acupuncture, TENS unit, an unknown number of physical therapy sessions (since 2011), anterior lumbar interbody fusion surgery L4-5 (October 1, 2013), and 6 sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH AND OCCUPATIONAL THERAPY TWO (2) TIMES A WEEK TIMES FOUR (4) WEEKS TO THE LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.24.2, 51, 98-99.

Decision rationale: According to page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, 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. In this case, the medical records failed to provide evidence that the patient was homebound and there was no discussion regarding indications for home health services. Furthermore, the patient already underwent 6 sessions of post-operative physical therapy; however, objective evidence of functional gains was not documented. Moreover, the guidelines encourage active self-directed home exercises to maintain improvement levels. There are no clear indications for the requested services; therefore, the request for home health and occupational therapy two (2) times a week times four (4) weeks to the lumbar is not medically necessary.