

Case Number:	CM14-0100132		
Date Assigned:	07/28/2014	Date of Injury:	08/19/2013
Decision Date:	10/22/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	06/30/2014

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 49-year-old female who has submitted a claim for neck sprain associated with an industrial injury date of August 19, 2013. Medical records from 2014 were reviewed. The patient complained of headaches, photophobia, and blurred vision especially on the left. She also has abnormalities in her hands with numbness, tingling, and incoordination especially on the left side. There is pain in the shoulders, neck, bilateral arms, lower back and bilateral hips and legs. Pain is excruciating, and the headaches are most disabling rated as 10/10. She was also reported to have psychiatric issues and would benefit from housekeeping assistance as she is unable to manage these tasks herself. Physical examination showed a highly blunted affect and monotonous speech; limitation of motion of the cervical spine and bilateral shoulders; grossly diminished strength in all extremities; 1+ reflex in the bilateral upper and lower extremities; some tremor in the left upper extremity; diminished alternating movements; and slow and diminished finger-to-nose test on the left. The diagnoses were traumatic brain injury; chronic myofascial, musculoligamentous strain/sprain in the cervical, thoracic, lumbar and hip region; and depressed mood with anxiety, history of severe PTSD. Treatment to date has included oral and topical analgesics, aqua therapy, physical therapy, home exercise program, and psychotherapy. Utilization review from June 25, 2014 modified the request for Therapy X 12 Visits to 10 visits. The guideline supports an initial course of physical therapy with objective functional deficits and functional goals. The request for Home Health Visits 2 Hours Daily 7 Days Weekly X 3 Months was modified to allow home health visits 14 hours per month for three months. The claimant lives alone and is limited in her ability to take care and feed herself, hence 14 hours per month for 3 months was recommended. Reason for modification was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy X 12 Visits: Upheld

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

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

Decision rationale: 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 this case, the patient had previous physical therapy sessions. However, the total number of sessions and body part treatment was directed to be not specified. There was no objective evidence of overall pain improvement and functional benefit from the treatment. It is also unclear whether the total number of treatment sessions exceeded guideline recommendation. Likewise, the present request also did not specify body part to be treated. The medical necessity cannot be established at this time due to lack of information. Therefore, the request for Therapy X 12 Visits is not medically necessary.

Home Health Visits 2 Hours Daily 7 Days Weekly X 3 Months: Upheld

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

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

Decision rationale: Page 51 of the CA MTUS Chronic Pain Medical Treatment Guidelines states, that 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. In this case, the patient has psychiatric issues and is unable to manage housekeeping tasks. However, there was no objective evidence that patient has significant impairment or functional limitation that prohibits her from performing activities of daily living independently. Moreover, the guideline does not support home health services for housekeeping assistance. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Home Health Visits 2 Hours Daily 7 Days Weekly X 3 Months is not medically necessary.

