

Case Number:	CM14-0017354		
Date Assigned:	06/11/2014	Date of Injury:	04/03/2003
Decision Date:	07/31/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 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 injured worker is a 61-year-old male with a reported date of injury on 04/03/2003. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post right knee surgery, chronic back pain with radiculopathy, status post radiofrequency neurolysis procedure of the lumbar spine, status post radiofrequency neurolysis procedure of the cervical spine, mid back pain probably myofascial, sacroiliac joint injury bilaterally, intermittent periods of acute exacerbation of chronic spinal pain, chronic synovitis inflammation, right knee post replacement. His previous treatments were noted to include physical therapy, medications, hyaline injections, and surgery. The progress note dated 05/27/2014 revealed the injured worker complained of back, low back, and lumbar pain. The injured worker reported back stiffness, numbness in the right and left arm and sharp pain. The injured worker described his pain as aching, burning, stabbing, spasming, and shooting rated 3/10. The injured worker also complained of cervical pain with radicular pain in the right and left arm with stiffness and headaches. The neck pain was described as aching, burning, pressure, pulling, throbbing, bad headache, and it was rated 4/10. The injured worker also complained of hip pain described as acute, tingling, transient, burning, and sharp, rated 4/10. The injured worker also revealed chronic knee pain described as aching, stiffness, and stinging rated 5/10. The provider reported the injured worker continued with postop physical therapy with modest improvement. The physical examination revealed right knee post total right knee revision with flexion contracture of 15 degrees, flexion to approximately 85 degrees, and tenderness to palpation over the right greater trochanter. The provider reported proprioception sensations and deep tendon reflexes were normal. The neck examination revealed pain to palpation over the C2-3, C3-4, and C5-6 facet capsules, left secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension indicative of facet capsular tears to the left and

positive Spurling's maneuver to the left, positive maximal foraminal compression testing bilateral and no pain with valsalva. The examination of the knee noted substantial findings for laxity, varus, and valgus testing of the left knee, point tenderness in the anterior, medial, and lateral aspect of the ankle, subpatellar fluid; however, no significant guarding in his lateral motions of his left knee and substantially decreased range of motion to testing. The provider reported the injured worker had topical neuropathic pain and decreased sensation. The physical therapy note dated 05/15/2014 revealed the injured worker stated his right knee hurt worse and had really stiffened up. The examination revealed right knee flexion/extension was rated 90 degrees to 100 degrees/-3 degrees to 0 degrees. The physical therapy documentation revealed the injured worker was compliant with prescribed home exercise program. The Request for Authorization Form was not submitted within the medical records. The request was for home health physical therapy; however, the provider's rationale was not submitted within the medical records.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98-99, Home health services, page 51 Page(s): 98-99, 51, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The injured worker has received previous sessions of physical therapy pre and postsurgery. The MTUS Chronic Pain Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS Postsurgical Guidelines recommend 12 visits over 12 weeks. The Guidelines recommend home health 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. There was a lack of documentation regarding the injured worker being homebound to necessitate home health physical therapy. The documentation provided for review failed to provide quantifiable objective functional improvement as well as previous number of postoperative physical therapy. Therefore, due to the lack of medical necessity of home health services and lack of physical therapy documentation with quantifiable objective functional improvements and previous number of physical therapy visits, home health physical therapy is not warranted at this time. As such, the request is not medically necessary and appropriate.