

<b>Case Number:</b>	CM14-0019159		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	02/05/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 claimant is a represented [REDACTED] employee who has filed a claim for neck, chest wall pain, abdominal wall pain, upper back pain, mid back pain, shoulder pain, hip pain, leg pain, and low back pain reportedly associated with an industrial motor vehicle accident of February 5, 2013. Thus far, the claimant has been treated with the following: Analgesic medications; psychological counseling; muscle relaxants; unspecified amounts of manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 2, 2014, the claims administrator apparently denied a request for physical therapy and a home health aide, stating that the claimant had unknown amounts of physical therapy without functional improvement. A nurse case management note of January 14, 2014 was seemingly notable for comments that the claimant was using Norflex and Norco; the claimant had high levels of anxiety, and was apparently not working as a mechanic with permanent restrictions in place. The claimant was placed at maximum medical improvement on a February 20, 2014 progress note, in which it was stated that the claimant last worked on February 5, 2013, approximately one year prior. The claimant reported persistent multifocal elbow, wrist, upper back, mid back, low back, hip, knee, leg, ankle, and foot pain. The claimant was described as having reached maximum medical improvement. A rather proscriptive 10-pound lifting limitation was endorsed, which the claimant's employer was unable to accommodate. The claimant was given a 30% whole-person impairment rating, along with refills of Norco and Flexeril. An earlier note of January 13, 2013 was notable for comments that the claimant should remain off of work, on total temporary disability, and pursue an additional eight-session course of physical therapy along with a home health aide.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE CERVICAL REGION, UPPER BACK AND LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the treatment program so as to justify continued treatment. In this case, the claimant is off of work and has failed to return to work at the one-year mark of the date of the injury. The claimant remains highly reliant on various medications, including Norco, Flexeril, and psychotropic medications. All of the above, taken together, imply a lack of functional improvement despite completion of prior unspecified amounts of physical therapy. Therefore, the request for physical therapy twice a week for four weeks for the cervical region upper back and low back is not medically necessary and appropriate.

**HOME HEALTH AID 2 - 4 HOURS DAILY FOR 1 MONTH: 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.

**Decision rationale:** Provision of the home health aide is intended to facilitate performance of non-medical activities of daily living. However, MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical care in claimants who are homebound or bedbound. In this case, however, the homemaker services/housekeeping services seemingly being sought here are specifically not covered as stand-alone services, per page 51 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for a home health aide 2-4 hours daily for 1 month is not medically necessary and appropriate.