

Case Number:	CM14-0130678		
Date Assigned:	08/20/2014	Date of Injury:	07/16/2014
Decision Date:	10/20/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of July 16, 2014. A utilization review determination dated August 6, 2014 recommends noncertification for home physical therapy for the shoulder and elbow. A letter dated July 24, 2014 states that the patient sustained a left closed distal (illegible) fracture, right scapular bony fracture, and left elbow dislocation with distal humerus fracture. These injuries (illegible) the result of a work-related fall. "He is to be TDWB B UE & WBAT of LLE" he will need home care support 2 hours per day for 5 days to assist with activities of daily living. He will need home PT as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy 2 x a week x 4 weeks, Shoulder and Elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow, Physical Therapy Guidelines - Fracture of humerus Official Disability Guidelines, Shoulder, Physical Therapy Guidelines - Fracture of scapula Home Health Services (CMS, 2004)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Home health services Page(s): 51. Decision

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has significant issues with mobility due to weight-bearing restrictions. Additionally, although no physical examination findings were included for review, the extensive nature of the patient's injuries make obvious the need for post injury rehabilitation. A trial of physical therapy in the patient's home, is therefore a reasonable next treatment option. Additional therapy would need to be based upon documentation of objective functional improvement as well as ongoing treatment goals which would be unable to be addressed with an independent program of home exercise. In light of the above issues, the currently requested home physical therapy for the shoulder and elbow is medically necessary.