MAXIMUS Federal Services

Case Number:	CM14-0135075		
Date Assigned:	09/03/2014	Date of Injury:	09/08/2009
Decision Date:	10/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/22/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 63-year-old female who reported injury on 09/08/2009 due to a fall. The injured worker has a diagnosis of osteoarthritis of the knees bilaterally. Past medical treatment consists of physical therapy, surgery, injections, and medication therapy. X-rays were obtained of the right knee, revealing severe degenerative changes with some chondrosclerosis and joint space narrowing, as well as osteophytes. The injured worker underwent arthroscopic surgery in the right knee in 2010 and again in 2007. On 08/05/2014, the injured worker complained of bilateral knee pain. The submitted report did not indicate any physical findings. There lacked evidence of range of motion, motor strength, and sensory deficits the injured worker might have had on her knees. The treatment plan is for the injured worker to have 2 weeks of rehabilitation center, home health visits (12), and home physical therapy (12). The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rehabilitation center; two (2) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Programs (Functional Restoration Programs) Rehabilitation Page(s): 30-32.

Decision rationale: The request for Rehabilitation center; two (2) weeks is not medically necessary. The California MTUS states that an adequate and thorough evaluation needs to be made, including baseline functional testing, so that follow-up with the same test can note functional improvement, previous methods of treating chronic pain have been unsuccessful, and there is an absence of other options likely to result in significant clinical improvement. The submitted report lacked any evidence that the injured worker had significant loss of ability to function independently resulting from chronic pain. The submitted reports lacked any evidence of the injured worker having motivation to change. Negative predictors of success should also be addressed. They were not noted in the submitted reports. Functional restoration treatment (rehabilitation treatment) is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Total treatment duration should generally not exceed 20 fully day sessions, and a treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. There was a lack of a measurable baseline against which to measure the efficacy of the functional restoration program (rehab program). Additionally, there was a lack of evidence that the injured worker had failed conservative treatment, to include physical medicine and medications. Furthermore, the documentation lacked other treatments that the injured worker may have undergone previously and the measurements of progress as well as the efficacy of prior treatments. As such, the request for rehab for 2 weeks is not medically necessary.

Home Health; twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services,Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Home Health; twelve (12) visits is not medically necessary. The California MTUS state home health services are recommended only for patients who are home bound and who are in need of part time or intermittent medical treatment of up to 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. It was noted in the submitted report that the injured worker was scheduled for right knee arthroplasty, and activity is typically encouraged following surgery unless there are known complications. The provider did not specify what medical services were indicated. The request as submitted also did not indicate how many hours per week the injured worker was going to need home health services for. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Home physical therapy; twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Home Health Services,Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Home physical therapy; twelve (12) visits is not medically necessary. The California MTUS state that active therapy is 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy; the amount of physical therapy visits that have already been completed for the injured worker is unclear. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The rationale for the provider's request for home physical therapy is unclear. Additionally, the request as submitted exceeds the recommended guidelines of up to 10 visits of physical therapy. Furthermore, it is unclear as to why the injured worker would not benefit from a home exercise program. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for physical therapy 12 sessions is not medically necessary.