

Case Number:	CM14-0162348		
Date Assigned:	10/07/2014	Date of Injury:	01/04/2014
Decision Date:	11/10/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/02/2014

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 Ohio and Texas. 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 42-year-old male who reported injuries after falling out of a tree on 01/04/2014. On 04/05/2014, his diagnoses included fractures from T5-T11, fracture/dislocation T7-8 with complete paraplegia, right displaced clavicular fracture, small right subdural hematoma, right pneumothorax, right hemothorax, left thumb dislocation at IP joint, neurogenic bladder, and neurogenic bowel. His complaints included thoracic pain, right shoulder, and left thumb pain and almost constant vertigo. It was noted that he lives with a 24 hour caregiver in a single level home with a ramp at the front entrance. The home had wide doorways and appeared fully modified for wheelchair access, except for the shower, which is a tub shower, and there was a tub transfer bench there, but it had not yet been used. It was noted that he was dependent upon a hired caregiver for his bowel program and that his brother assisted him with ADLs and transfers. On 05/02/2014, it was noted that he had an unknown number of occupational and physical therapy treatments over an undetermined period of time. The recommendation was for continued outpatient physical therapy and occupational therapy. The rationale for continued occupational therapy was for him to continue to work on dressing issues because he had dislocated his thumb when he was injured. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care aide 4 hours a day, 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter and <http://www.medicare.gov/publications/pubs/pdf/10969.pdf>

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

Decision rationale: The California MTUS Guidelines recommend home health services only for patients who are home bound 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. The request did not specify what type of care was needed by this injured worker. Additionally, it was noted that he had a hired caregiver 24 hours a day and that his brother helped as well. The need for a caregiver was not clearly demonstrated in the submitted documentation. Therefore, this request for home healthcare aide 4 hours a day, 7 days a week is not medically necessary.

Occupational therapy, QTY: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Pain, Suffering and Restoration of Function Chapter, page 114

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

Decision rationale: The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The requested 12 sessions of occupational therapy exceeds the recommendations in the guidelines. Additionally, the body part or parts to have been treated were not specified in the request. Therefore, this request for occupational therapy, QTY: 12 sessions is not medically necessary.

Padded tub transfer shower bench: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME).

Decision rationale: In the Official Disability Guidelines, durable medical equipment (DME) is recommended generally if there is a medical need and if the device or system meets Medicare's definition of DME, defined as equipment which can withstand repeated use for example, could normally be rented and used by successive patients, and is primarily and customarily used to serve a medical purpose. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury. It was noted in the submitted documentation that this worker had a tub transfer bench in his home that had not yet been used. The need for a second tub transfer bench was not clearly demonstrated in the submitted documentation. Therefore, this request for padded tub transfer shower bench is not medically necessary.