MAXIMUS Federal Services

Case Number:	CM14-0163469		
Date Assigned:	10/08/2014	Date of Injury:	02/17/2011
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/05/2014

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 and Hawaii. 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 case is a 64 year old male with a date of injury on 2/17/2011. A review of the medical records indicate that the patient is undergoing treatment for lumbar sprain, cervical neck sprain, right knee sprain, and s/p above the knee amputation of left leg. Subjective complaints (12/12/2013, 1/23/2014) include constant pain in bilateral neck, intermittent pain in lower back, constant pain of right knee with phantom pain, and anxiety. Objective findings (12/12/2013, 1/23/2014) include spasm of cervical neck and lumbar spine, amputation mid-thigh, and "ambulates on a wheelchair". Treatment has included physical therapy (18+ sessions), home health care (unknown number of hours), and medications. A utilization review dated 9/18/2014 determined the following: - Noncertified a request for Prospective Request for Home Health care 5 Days a week, 5 Hours daily for 6 Months due to not meeting guidelines/criteria.- Noncertified a request for 18 Physical Therapy Sessions due to lack of objective improvement with prior sessions. - Noncertified 1 Request for Transportation for Medical Appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Home Health care 5 Days a week, 5 Hours daily for 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Benefits Manual, Chapter 7 - Home health Services, section 50.2 (Home Health Aide Services)

MAXIMUS 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) Pain, Home Health Services

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) Home Health Services section, "Recommended only 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." 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." Given the medical records provided, employee does not appear to be "homebound". Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in California MTUS. The treating physician does not detail what medical treatment is specifically being requested for home health care. As such, the Prospective Request for Home Health care 5 Days a week, 5 Hours daily for 6 months is not medically necessary

18 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315,Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, American College of Occupational and Environmental Medicine (ACOEM) guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Official Disability Guidelines (ODG) quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The medical records from the treating physician does not document objective and subjective improvement in function. Given the patient's already 18+ sessions of physical therapy, the patient should have already been transitioned to self-directed home physical therapy. As such, the request for 18 Physical Therapy Sessions is not medically necessary.

1 Request for Transportation for Medical Appointments: 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 and Leg, Transportation (to & from appointments)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address transportation, so alternate guidelines were utilized. Official Disability Guidelines (ODG) states regarding transportation: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. (CMS, 2009)" While the medical documents indicate the patient has an above the knee amputation and ambulates predominately with wheelchair, the treating physician does not make comment or justification of the patient's inability to self-transport. It is also unclear which appointments the transportation would be for, the frequency, the total duration of the request, and if the appointments are in the "same community" as defined by ODG. While transportation may be warranted, the treating physician does not provide enough information to satisfy guidelines. As such, the request for 1 Request for Transportation for Medical Appointments is not medically necessary at this time.