

Case Number:	CM14-0179935		
Date Assigned:	11/04/2014	Date of Injury:	02/14/2008
Decision Date:	12/09/2014	UR Denial Date:	10/11/2014
Priority:	Standard	Application Received:	10/29/2014

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 Orthopaedic Surgery 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 60-year-old male sustained an industrial injury on 2/14/08. Injuries to the neck and bilateral shoulders occurred relative to his employment as a maintenance mechanic. The patient underwent C3-C7 laminoplasties and left C4/5 and C5/6 foraminotomies on 1/12/12, and revision of the posterior cervical spine wound with excision of the C4-C6 spinous processes on 11/2/12. Past surgical history was also positive for bilateral shoulder surgeries. The 9/22/14 treating physician progress report cited increased stiffness and bilateral extremity weakness. Authorization was requested for 12 physical therapy visits for the cervical spine and a home health aide 5 days per week for 3 to 4 hours per day. The 10/11/14 utilization review denied the request for 12 physical therapy visits for the cervical spine as there was no documentation as to the date of surgery or how many physical therapy visits had been received in the past. The request for a home health aide was denied as there was no documentation as the type of home health services being sought to assess medical necessity consistent with guidelines. The 10/15/14 treating physician report cited constant neck pain that varies with activity and radiated to both shoulders with associated tightness, stiffness, and weakness. Bilateral shoulder pain was reported constant and activity dependent with associated tightness, stiffness, weakness, numbness, tingling and popping. Pain was partially relieved with rest, physical therapy, pool therapy, acupuncture, oral medications, and hot showers and/or baths. Cervical spine exam documented equivocal cervical foraminal compression and Spurling's tests, and tenderness to palpation over the cervical spine, cervicothoracic paraspinals, and trapezius muscles. Range of motion was documented as flexion 40, extension -25, right rotation 20, left rotation 15, and bilateral lateral flexion 20 degrees. Neurologic exam documented decreased sensation over both upper extremities, except for the anterior aspect of the upper arm. Motor testing documented 5/5 flexor digitorum profundus strength and 4/5 biceps, triceps, wrist extensor and hand intrinsic strength

bilaterally. Upper extremity deep tendon reflexes were symmetrical and 2+. The patient had a fixed flexion contracture of the cervical spine with very little motion. Physical therapy had been recommended by the spine surgeon. The treatment plan recommended physical therapy, a Lazy-Boy recliner, internal medicine referral for hypertension, and updated EMG/NCV studies. Home health assistance was recommended as the patient had a difficult time taking care of himself, performing personal hygiene activities, driving, shopping for groceries, and cooking food. A home assistant would be able to take him to his appointments and assist with his home exercise program, personal hygiene, shopping, cooking, laundry, and housekeeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine times 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 9, 98-99.

Decision rationale: The California MTUS guidelines recommend all therapies be focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guidelines would typically support 8 to 10 visits for a diagnosis of neuralgia, neuritis or radiculitis. Guideline criteria have not been met. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. There is no compelling reason to support the medical necessity of treatment beyond guideline recommendations. Therefore, this request is not medically necessary.

Home health aide 5 days per week for 3-4 hours per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare Benefits Manual (Rev. 144, 05-06-11), Chapter 7 - Home Health Services; section 50.2 (Home Health Aide Services)

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. 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. Medicare provides specific patient selection criteria for in home services, including the individual is confined to the home and the service must be

prescribed and periodically reviewed by the attending physician. Additionally, the individual must be in need of skilled nursing care on an intermittent basis, or physical therapy or speech-language pathology; or have a continuing need for occupational therapy. Guideline criteria have not been met. There is no evidence that the patient is homebound. There is no evidence or physician recommendation evidencing the need for intermittent skilled nursing care or physical therapy in the home environment. Therefore, this request is not medically necessary.