

Case Number:	CM14-0029264		
Date Assigned:	06/20/2014	Date of Injury:	03/25/2003
Decision Date:	08/22/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/07/2014

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 Orthopedic 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:

The injured worker is a 56-year-old female who was reportedly injured on 3/25/2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 5/8/2014, indicated that there were ongoing complaints of pain to the bilateral shoulders, right elbow, bilateral wrists, neck, low back, right hip, bilateral knees, and right ankle. The physical examination demonstrated bilateral shoulders: Nonspecific tenderness to palpation of both shoulders and to include tenderness at the acromioclavicular joint, infraspinatus on the left side, bilateral apprehension, right shoulder impingement, positive apprehension for anterior instability and inferior instability in the right shoulder. There was also limited range of motion. Right elbow: Positive tenderness at the lateral epicondyle and range of motion was limited. Bilateral wrist: Positive tenderness to palpation, which is severe on the right, and moderate on the left. Positive Phalen's and Finkelstein's tests bilaterally. Positive Tinel's test on the right. Right wrist had limited range of motion. Cervical spine: Diminished reflexes for the brachioradialis on the right. Moderate tenderness to palpation paraspinal muscles with muscle spasms noted bilaterally. Spinal tenderness radiating to the right upper extremity. Foraminal compression test was positive on the right. Distraction test revealed pain on the right. Limited range of motion was with pain and muscle spasm. Lumbar spine: Valsalva and Kemp's tests were positive bilaterally. Iliac compression test was positive on the right. Straight leg raise seated causes pain bilaterally and supine caused pain bilaterally as well. Deep tendon reflexes of the knees were diminished on the right. Deep tendon reflexes for the hamstrings were diminished on the right, and absent for the ankle on the right. Moderate paraspinal muscle tenderness to palpation at the L3 to S1. Spasms noted bilaterally. Positive tenderness to palpation causing radiation to the right lower extremity. There was tenderness to palpation at the SI joint and sciatic notch. Limited range of motion was with pain. Bilateral knees: Nonspecific tenderness at

the medial collateral on the right and posterior aspect on the left. Positive McMurray's test bilaterally. Patient was unable to squat/rise, duck walk, or heel walk. Limited range of motion was with the bilateral knees. Right ankle: Positive tenderness to palpation medial, lateral, and limited range of motion. No recent diagnostic studies are available for review. Previous treatment included previous surgery, physical therapy, acupuncture, and medications. A request was made for home healthcare 12 hours a day, seven days a week for 12 weeks and aquatic therapy two times a week for six weeks for bilateral knees, hips, and back and was not certified in the pre-authorization process on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health care 12 hours a day, 7 days a week , for 12 weeks. Home health RN evaluation as part of end of care evaluation totaling 85 visits.: Upheld

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

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

Decision rationale: Home Health Services are 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 home health aides like bathing, dressing, and using the bathroom when this is the only care needed give personal care. After reviewing the medical records provided, it was noted the patient has gained weight since her injury; however, it is undetermined if she is considered morbidly obese at this time. There was no suggested documentation that she is homebound either part-time or intermittent. Therefore, this request is not medically necessary.

Aquatic Therapy two (2) times a week for Six (6) weeks for both Knees, Hips and back:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index;.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22.

Decision rationale: Aquatic Therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical Medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but

regular exercise and higher intensities may be required to preserve most of these gains. After review of the medical records provided, there was no documentation on physical exam that would prevent the injured worker from attending a land-based physical therapy regimen. Therefore, this request is not medically necessary.