

Case Number:	CM14-0030758		
Date Assigned:	04/09/2014	Date of Injury:	12/21/1971
Decision Date:	05/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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 is a 64 year-old male patient with a 12/21/71 date of injury. The records indicate that the patient sustained a low back injury. The patient has had multiple previous lumbar procedures including surgery in 2006 and 2007. The 12/24/13 note indicates that the patient is largely homebound and mostly sedentary. The note states that the patient is referred for physical therapy to improve weakness in his extremities, especially the left lower leg due to myelopathy. The patient is totally homebound except when his wife drives him to visits. The patient has severe ongoing pain. He is a home health patient. 12/17/13 progress note indicates that the patient is manageable on the current therapeutic regime. He has an antalgic gait with a pronounced limp due to pain. He has intervertebral disc disorder with myelopathy lumbar region, osteomyelitis, insomnia, and chronic pain due to trauma. There is documentation of a previous adverse determination 1/11/14. The review noted that there was lack of documentation regarding the patient's deficits and that the patient is able to go to the physician's office using a cane or walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN HOME PHYSICAL THERAPY SESSIONS, 2 TIMES A WEEK FOR 6 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99.

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines state that passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. However, this patient has a longstanding chronic injury. It is unclear when the last attempts at physical therapy were. There is no clear description of functional deficits and parameters of function with strength testing. There is also no clear discussion of why at home services would be required when the patient is able to get out to doctors visits. The request is not medically necessary.