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| Case Number: | CM14-0032512 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 11/06/2006 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/14/2014 |

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 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 62 year old female who reported an injury to her low back. The utilization review dated 09/10/13 resulted in denial for home health care as inadequate information had been submitted regarding the injured worker's physical exam findings necessitating home health care. The clinical note dated 08/14/13 indicates that the injured worker complaining of cellulitis at the abdominal region. There is an indication the injured worker has previously undergone a lumbar surgery. The chest x-ray dated 08/14/13 indicates the injured worker having a periphally inserted central catheter placed at the superior vena cava. The computerized tomography scan of the abdomen and pelvis dated 08/30/13 revealed a continued decrease in size of a fluid filled collection at the left lower ventral region. The clinical note dated 8/30/13 indicates the injured worker undergoing administration of intravenous vancomycin. The note indicates the injured worker complaining of pain and drainage from the anterior abdominal wall with complaints of ongoing pain. The clinical note dated 08/31/13 indicates the injured worker continuing with abdominal wall cellulitis. The injured worker also had complaints of an acute urinary tract infection. The clinical note dated 09/18/13 indicates the injured worker complaining of low back pain upon exam reflexes are identified as absent at both Achilles. The note indicates the injured worker's past medical history involving an L5-S1 fusion. The clinical note dated 10/18/13 indicates the initial injury occurred in November of 2006 following a slip and fall on a greasy floor resulting in an injury to her buttocks. Imaging studies confirmed the injured worker having a screw become loose resulting in damage to the nerve. The clinical note dated 11/15/13 indicates the injured worker continuing complaints of low back pain radiating pain to the left lower extremity. The neck pain was also identified as radiating into the left shoulder and arm with associated numbness and tingling. The clinical note dated 12/11/13 indicates the injured worker complained 5/10 pain at the low back. Reflexes continued to be

absent at the both Achilles. The injured worker was recommended for post-operative physical therapy secondary to the previous fusion on the lumbar region. The clinical note dated 01/08/14 indicates the injured worker continuing with low back pain complaints. Tenderness and spasms are identified upon palpation in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care four (4) hours a day times five (5) days a week times eight (8) weeks:
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): 41.

Decision rationale: The documentation indicates the injured worker having previously undergone treatment for an abdominal infection as well as a lumbar surgical procedure. However, no information was submitted regarding the injured worker's ongoing functional deficits indicating the need for home health care. No information was submitted regarding the injured worker's present home situation to include the presence of family members living within the home. The request for home health care for 4 hours a day times 5 days a week for 8 weeks is not medically necessary.

Continued post-operative Physical Therapy three (3) times four (4), lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The documentation indicates the injured worker has previously undergone the course of post-operative therapy following the lumbar procedure. Given the completion of a full course of therapeutic interventions it would be reasonable for the injured worker to progress to a home exercise program. Therefore, the request for continued post-operative physical therapy 3 times a week times 4 weeks is not indicated as medically necessary.