

Case Number:	CM14-0033178		
Date Assigned:	06/20/2014	Date of Injury:	07/13/2013
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of July 13, 2013. A utilization review determination dated March 7, 2014 recommends the non-certification of home healthcare for four (4) weeks and physical therapy for twelve (12) weeks. A progress report dated June 25, 2014 identify subjective complaints identifying that the patient underwent a right Achilles tendon repair on August 2, 2014 [SIC]. The note indicates that the patient continues to have dizziness due to an unrelated medical issue, which puts her risk of falling and has not been working. The patient complains of right ankle/foot pain and uses a walker when outdoors. Objective examination findings identify functional range of motion in both ankles with tenderness in the plantar fascia over the right side. The patient has 4+/5 strength. There is decreased sensation in both feet distally with a past history of peripheral neuropathy. The diagnoses include sprains and strains of ankle status post Achilles tendon repair. The treatment plan recommends weaning off the walker boot and Norco for pain. A progress note dated April 14, 2014 indicates that physical therapy and home health has been denied, which has caused mild worsening of the patient's pain. A progress report dated February 20, 2014 indicates that the patient continues to have a right ankle pain and is now wearing shoes and using a quad cane while walking. Objective examination findings identify functional range of motion in both ankles with 4+/5 strength in the right ankle. There is also decreased sensation in both feet due to peripheral neuropathy. The diagnosis states status post Achilles tendon repair two (2) months ago. The treatment plan recommends continued physical therapy. The note states will require more physical therapy (PT) and we will request twelve (12) additional visits-still needs ankle strengthening and working on scar tissue over surgery. The note goes on to state that the patient has had near falls recently when getting out of the bathtub and may benefit from continued home health aide for four (4) more weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Care times four (4) weeks: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. The requesting physician has noted a fall risk as a reason for home healthcare. However, there is no documentation that the fall risk would be unable to be mitigated with the use of a shower chair or walker inside the home. In the absence of such documentation, the currently requested home health care is not medically necessary.

Physical Therapy times twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Physical Therapy.

Decision rationale: The Chronic Pain Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. The Official Disability Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many therapy sessions the patient has already undergone. The requesting physician indicates that additional therapy is needed to work on strength and scar tissue. At that time, the patient was noted to have 4+/5 strength with functional range of motion. It is unclear why an independent program of home exercise would be insufficient to address any remaining functional deficits. Additionally, there is no documentation of objective functional improvement as a result of the previously provided therapy. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.

