

Case Number:	CM14-0041308		
Date Assigned:	06/27/2014	Date of Injury:	09/07/2005
Decision Date:	07/31/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 patient is a 61-year-old male who sustained MVA on 09/07/2005 with multiple trauma. Treatment history includes medications, physical therapy, chiropractic treatment, and injections. The surgical history includes Left forearm/wrist ORIF, left carpal tunnel release, right elbow surgery, ORIF of right humerus, right shoulder surgery, left shoulder surgery, right knee surgeries x2 with medial and lateral meniscectomy. A progress report dated 02/13/2014 indicates that patient presented with complaints of right knee and bilateral shoulder pain, rated at a 7-8/10 on pain scale, grinding in right knee with ROM. He is post right knee surgery on 09/25/2013 and has not improved the symptoms of his knee. At last visit, we recommended chiropractic physiotherapy, which he has not started yet. He requests some home health assistance. He reports significant difficulty with his ADLs including cooking, cleaning, and self care. On examination of the right knee, ROM was 0-120, incision sites are clean, dry, and intact with no signs of infection or surrounding erythema, or patellofemoral crepitus. No signs of infection or DVT. 4+/5 quadriceps, hamstring strength. A UR dated 03/27/2014 indicates that the request for chiropractic physiotherapy was non-certified because no evidence submitted for review of functional improvement from prior physical therapy treatment and well as studies show that manipulation is proven ineffective for patients with knee and leg complaints. The request for home health assistant was denied because there was no documentation that patient was homebound on a part-time or intermittent basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

(8) sessions of knee chiropractic physiotherapy (2 times a week for 4 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Physical Medicine Page(s): 98-99 58-59.

Decision rationale: This 61-year-old male was in a MVA with multiple traumas and multiple surgeries including ORIF. The CA MTUS indicate that chiropractic treatment is not recommended for knee. Also, the patient has not made any significant objective functional improvement with previous Chiropractic therapy; and therefore, the request for additional CT is not medically necessary.

Home health assistant: 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 rationale: This is a 61-year-old male with multiple ORIF surgeries after an MVA on 9/7/2005. The requested is for assistance with ADLs at home. The CA MTUS guidelines do not recommend 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 personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004. The medical records do not document that patient is homebound on a part-time or intermittent basis. Thus, the request is not medical necessary.