MAXIMUS Federal Services

Case Number:	CM14-0047134		
Date Assigned:	07/02/2014	Date of Injury:	08/31/2009
Decision Date:	08/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/15/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 57 year-old with a date of injury of 08/31/09. A progress report associated with the request for services, dated 03/07/14, identified subjective complaints of neck and low back pain with radiation into the extremities. Objective findings included tenderness to palpation of the cervical and lumbar spine. She had some weakness and decreased sensation in the lower extremities. It was noted that she could only walk short distances unassisted and used a walker to ambulate. Diagnoses were not listed but have included cervical and lumbar sprain/strain in the past. Treatment has included pain medications and Cymbalta. She received chiropractic therapy in 2012. A Utilization Review determination was rendered on 03/26/14 recommending non-certification of "Home Health care seven days per week; one scooter chair; one recliner chair with lift; eight chiropractic manipulation sessions; eight physical therapy sessions; and transportation to doctor and physical therapy visits".

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health care seven days per week.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medicare Benefits Manual: Need for Skilled nursing care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, page(s) 51 Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Home Health Services.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) only recommends home health services for those patients that are homebound. The Official Disability Guidelines (ODG) states that home health services are only recommended for patients who are homebound on a part-time or intermittent basis. Also, only for otherwise recommended treatment and does not include cooking or cleaning services or personal care given by home health aides like bathing or dressing. The record does not document that the patient is homebound. Therefore, in this case, there is no documented medical necessity for home health services.

One scooter chair.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power Mobility Devices (PMDs), page(s) 99 Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Guidelines state that power mobility devices (electric wheelchairs) are not recommended if any of the following:-The mobility deficit can be sufficiently resolved by the prescription of a cane or walker.-The patient has sufficient upper extremity function to propel a manual wheelchair.-There is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair.They further note if there is any mobility with canes or other assistive device, a motorized scooter is not essential to care.In this case, the patient is ambulatory with a walker. Therefore, there is no documentation in the record for the medical necessity of a motorized scooter.

One recliner chair with lift.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment.

Decision rationale: The Medical Treatment Utilization Schedule does not address recliner chairs with lifts. The Official Disability Guidelines (ODG) gives general guidance on durable medical equipment (DME) and states that it is recommended generally if there is a medical need and it meets the following definition:-Can withstand repeated use, i.e., could normally be rented, and used by successive patients;-Is primarily and customarily used to serve a medical purpose;-Generally is not useful to a person in the absence of illness or injury; &-Is appropriate for use in a patient's home.Environmental modifications are not considered primarily medical in nature,

though certain DME toilet items (commodes, bed pans) are medically necessary if the patient is bed- or room-confined, and such devices are part of a medical treatment plan for conditions that result in physical limitations. Many assistive devices, such as electric garage openers, microwave ovens, and golf carts, were designed for the fully mobile, independent adult, and are not considered medically necessary.In this case, the recliner chair is not being used to treat a medical condition. As such, the medical record does not document the medical necessity for a recliner chair with lift.

Eight chiropractic manlpulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, page(s) 58-60 Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Manipulation.

Decision rationale: The California Chronic Pain MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended.The record indicates that the patient has received in excess of 18 chiropractic sessions for the same condition in 2012. There is no documentation of any functional improvement achieved from that therapy. Therefore, the record does not document the medical necessity for 8 chiropractic sessions as requested.

Eight physical therapy sessions.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks.In this case, the total number of visits requested is within the recommendations noted above. The non-certification was based upon previous chiropractic therapy. However, the record does document the medical necessity for 8 physical therapy sessions as requested.

One transportation to doctor and physical therapy visits.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Transportation (to & from appointments).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address transportation to appointments. The Official Disability Guidelines (ODG) state that for patients with knee and lower leg disorders, it is recommended for medically-necessary appointments in the same community for patients with disabilities preventing them from self transport. The same recommendations are not listed in their chronic pain or low back section.In this case, there is no specific documentation of inability to self-transport. Therefore, there is no documentation for the medical necessity for transportation to appointments.