

Case Number:	CM14-0052806		
Date Assigned:	07/07/2014	Date of Injury:	08/21/2006
Decision Date:	08/12/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

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 Interventional Spine 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:

The patient is a 95-year-old male with date of injury of 08/21/2006. The listed diagnoses are lumbar spinal stenosis; cervical spondylosis; bilateral knee degenerative joint disease; hearing loss; reports of depression and mood disturbance; atrial fibrillation; and neurogenic bladder. According to a medical report, the patient continues to do poorly. His elderly wife states that she is not able to take care of him and home care assistance has been discontinued. The patient has received 6 visits of home therapy, which have been very helpful with his gait. The patient continues to do poorly with gait difficulty. There are findings of severe lumbar spine stenosis. The utilization review denied the request on 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Home Care Assistance for 35 hours: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation ODG, Low Back Chapter & <http://www.medicare.gov/Publications/Pubs/pdf/10969.pdf>.

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

Decision rationale: The MTUS guidelines, page 51, on home health services, recommends this service 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, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The progress report dated 01/09/2014 documents that the patient has dementia, failure to thrive, cachexia, and weakness. He falls frequently and cannot be left alone safely under the care of his 89-year-old wife who herself is ill. The patient is extremely frail, unstable, and cannot complete any ADLs alone. He needs assistance getting to the bathroom, getting on an off the toilet, bathing, dressing, and preparing his meals. In this case, the patient is homebound and is unable to care for himself. He is unable to perform activities of daily living independently. Given the patient's deteriorating condition, the request for 35 hours of home care assistance is reasonable. Therefore, the request for continued Home Care Assistance for 35 hours is medically necessary and appropriate.

Home Physical Therapy x 6 sessions of gait training: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter and <http://www.odg-twc.com/preface.htm#PhysicalTherapyGuidelines>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines has the following: Physical Medicine Page(s): 98,99.

Decision rationale: This patient continues to have an unstable gait with failure to thrive. The treater is requesting home physical therapy for 6 sessions for gait training. The MTUS guidelines, pages 98 and 99, on physical medicine, recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 02/06/2014 documents that the patient was authorized for 14 visits. In this same report, the therapist documents that patient continues to exhibit lower extremity weakness, poor balance in motor control, making it difficult and taxing for him to leave the home unassisted. The therapist is requesting additional visits to improve lower extremity strength and endurance including gait training. In this case, while the patient has received some 14 visits in the past, he continues to exhibit unstable gait, poor balance, lower extremity weakness, and decreased motor control. The treater's requested 6 sessions of home physical therapy is reasonable, given the patient's current condition and continued instability. Recommendation is for authorization.