

Case Number:	CM14-0064917		
Date Assigned:	09/18/2014	Date of Injury:	05/09/2001
Decision Date:	10/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/06/2014

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 & Rehabilitation 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 61 year old patient had a date of injury on 5/9/2001. The mechanism of injury was man grabbed her by the neck in attempt to steal her purse. In a progress noted dated 4/10/2014, the patient complains of ongoing low back pain with left lower extremity radicular symptoms, requiring the use of a cane. On a physical exam dated 4/10/2014, the cervical spine has mildly limited range of motion, pain and tenderness of the paracervical trapezius musculature, worse on the right than left. The patient is ambulating with use of a cane. The diagnostic impression shows bilateral shoulder sprain/strain with right rotator cuff tear and adhesive capsulitis, moderate to severe carpal tunnel syndrome, fibromyalgia. Treatment to date: medication therapy, behavioral modification. A UR decision dated 4/23/2014 denied the request for pool therapy, 2x/week for 6 weeks #12, stating that there is no documentation of failed land-based therapy and no documentation of the patient's inability to tolerate a gravity-resisted therapy program. Home health care, 8hrs/day, 7 days/week was denied, stating there is no documentation that this patient is homebound or has needs for the specified services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy, 2 times a week for 6 weeks QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: CA MTUS states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In the 4/10/2014 progress report, there was no indication that this patient was unable to participate in land-based physical therapy. Furthermore, there was no discussion that this patient was severely obese which would make it difficult to participate in weight bearing exercises. Therefore, the request for Pool Therapy 2x/week for 6 weeks are not medically necessary.

Home health care, 8 hours per day, 7 days a week:

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 Page(s): 51.

Decision rationale: CA MTUS states that home health services are recommended 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. In the 4/10/2014 progress report, although the patient noted to ambulate with a cane, there was no evidence that this patient was homebound. Therefore, the request for Home Health Care 8hrs/day, 7 days a week are not medically necessary.