

Case Number:	CM14-0066358		
Date Assigned:	07/11/2014	Date of Injury:	04/05/2010
Decision Date:	09/09/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/09/2014

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 Family Medicine and is licensed to practice Utah. 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 66 year-old female. The patient's date of injury is 4/5/2010. The mechanism of injury not stated. The patient has been diagnosed with obesity, hypertension, CAD, osteoarthritis, GERD, low back pain, with surgical intervention, and status post total knee arthroplasty. The patient's treatments have included surgery, physical therapy, and medications. The physical exam findings dated March 19, 2014 show the back exam as, spasm, painful range of motion, as well as limited range of motion. There is a positive Lasegue bilaterally noted. She is noted to have a decreased sensation bilaterally at L4-5 and L5-S1. The patient's medications have included, but are not limited to, Flexeril, Restoril, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Low Back Page(s): 25-26.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional physical therapy sessions. The clinical documents lack documentation of how many previous sessions the patient

attended. It is unclear the specific results of those sessions, including objective functional assessment and benefits gained. Only goals of increased ADL are stated. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy sessions are not indicated as a medical necessity to the patient at this time.

Occupational Therapy 3 x 4 week.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines, Low Back Page(s): 25-26..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional occupational therapy sessions. The clinical documents lack documentation of how many previous sessions the patient attended. It is unclear the specific results of those sessions, including objective functional assessment and benefits gained. Only goals of increased ADL are stated. According to the clinical documentation provided and current MTUS guidelines; additional occupational therapy sessions are not indicated as a medical necessity to the patient at this time.

Transportation for Outpatient Therapy 3 x 4 week.: 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 Other Medical Treatment Guideline or Medical Evidence: Department of Health Care Services-California. Criteria for Medical Transportation, Chapter 12.1, non-emergency transportation.

Decision rationale: MTUS and ODG do not specifically discuss transportation. Other treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for transportation. Guidelines state the following: Each authorization request for such transportation must be accompanied by a prescription or a signed order which describes the medical reason necessitating the use of non-emergency medical transportation. According to the clinical documentation provided and current MTUS guidelines; transportation, as stated above, is not indicated as a medical necessity to the patient at this time.

Caregiver x 4 Hours a day for 7 Days a week(no duration indicated.): 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 Page(s): 51..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Home health care. According to the clinical documentation provided, there is no documentation that states the patient is homebound. There is also no duration on the current request. The patient does not meet requirement for home health. Home Health-care, as requested above, is not indicated as a medical necessity to the patient at this time.