

Case Number:	CM14-0073726		
Date Assigned:	07/16/2014	Date of Injury:	03/29/2000
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 64 year old patient has a date of injury on 3/29/2000. The mechanism of injury was not noted. Notes on 2/5/2014, subjective findings include lower back and hand pain, shoulder pain, and right ankle pain. On a physical exam on 2/5/2014, objective findings included joint pain, stiffness and swelling, weakness and numbness. Diagnostic impression shows status post knee replacement. The diagnosis is related to patient's upper extremities, neck, back, left shoulder, right shoulder and left foot. Treatment to date include; medication therapy, behavioral modification, total knee replacement surgery on 8/26/2013 and physical therapy. A utilization review on 5/7/2014 denied the request for physical therapy 2 times a week for 6 weeks, stating no documentation of functional improvement noted with previous physical therapy sessions and no reason why the patient cannot continue with home exercise program. MRI of the cervical spine was denied, stating the most recent progress report does not document subjective complaints or objective findings that identify specific nerve compromise on the neurologic examination to warrant imaging in patients nonresponsive to treatment. Home care 4 hours a day, 5 days a week for 6 weeks was denied, stating that documentation does not indicate that medical treatment is needed, and there is no indication the patient is bedridden, home bound or non-ambulatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; twelve (12) sessions (2x6): Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, pages 98-99, the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114 and <https://www.dir.ca.gov>.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. Postsurgical treatment guidelines for arthroplasty of knee allow 24 visits over 10 weeks. On a follow up examination, it was noted that the patient received 12 sessions of post-operative physical therapy sessions. It was unclear why the patient was unable to successfully transition into an independent exercise program. The objective functional gains were not significant in the reports reviewed. The request for physical therapy 2x6 is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter.

Decision rationale: CA MTUS supports imaging studies with red flag conditions such as; physiologic evidence of tissue insult or neurologic dysfunction; failure of progress in a strengthening program intended to avoid surgery. There must be clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electro diagnostic studies and laboratory tests, or bone scans. The purpose of the MRI was unclear from the reports reviewed, and there were no recent films to be evaluated. It could not be determined, if there was physiologic evidence of tissue insult or neurologic dysfunction. The request for cervical MRI of the cervical spine is not medically necessary.

Home care; four (4) hours a day, five (5) days a week for 6 weeks: Upheld

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

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 medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. The most recent progress report on 4/18/2014, could not be determined if the patient was homebound or bedridden to justify home care. The request for 4 hours a day, 5 days week for 6 weeks is not medically necessary.