

<b>Case Number:</b>	CM14-0076655		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/17/2005
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 62 year old female who sustained a work injury on 10-17-05. Office visit on 4-3-14 notes the claimant complains of pain in her neck, bilateral wrist and hand, as well as right foot, ankle and lower back. On exam, she has an antalgic gait, spasms, tenderness and guarding at the cervical and lumbar spine. She had decreased range of motion, decreased sensation. The claimant has recently had 12 sessions of physical therapy with pain improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12 cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine chapter - physical therapy.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The claimant had been provided 12 physical

therapy sessions recently. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed postop. Therefore, the medical necessity of this request is not established.

**Home health care x 5 days/ week for 4 hours/ day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines home health services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - home health services.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes 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. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Medical Records reflect this claimant is able to ambulate. Her physical exam does not support that this claimant has a diagnosis that requires home health services. There is an absence in documentation noting that this claimant is homebound. Therefore, the medical necessity of this request is not established.