

Case Number:	CM14-0188063		
Date Assigned:	11/18/2014	Date of Injury:	09/30/2009
Decision Date:	01/06/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/11/2014

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:

Injured worker is a female with date of injury 9/30/2009. Per progress note dated 10/12/2014, the injured worker reports improved pain in her lower extremities. She states the pain is there with movement, but she is doing well when she sits still. She is able to stand and walk around with physical therapy. On examination she has 4-5 strength in bilateral iliopsoas, quadriceps, tibialis anterior, extensor hallucis longus, and gastrosoleus muscle groups secondary to pain. Diagnosis is status post anterior posterior lumbar decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker: Overturned

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 Official Disability Guidelines (ODG), Hip & Pelvis chapter, Walking Aids.

Decision rationale: The MTUS Guidelines do not address the use of walkers. The ODG does recommend the use of walkers to reduce pain associated with hip osteoarthritis. The injured worker is status post lumbar decompression and fusion. She was to be discharged to skilled

nursing facility, but opted to return home. She has been able to walk with physical therapy. An assistive device such as a walker is reasonable and medically necessary. The request for walker is determined to be medically necessary.

Home health physical therapy (PT) rehab and nurse incision care daily x 14 days:
Overturned

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, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Skilled Nursing Facility (SNF) Care Section

Decision rationale: The MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis. 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. The post-surgical treatment guidelines recommend 34 visits of physical medicine over 16 weeks. The postsurgical physical medicine treatment period is 6 months. The injured worker is status post lumbar decompression and fusion. She was to be discharged to skilled nursing facility, but opted to return home. She has been able to walk with physical therapy. The services in this request are to replace some of the services that would have been provided during the skilled nursing stay, so the ODG for skilled nursing facility care is more appropriate to determine medical necessity of this request. The ODG recommends the use of SNF if necessary after hospitalization when the patient requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. The injured worker meets the criteria for SNF. As she is getting her treatments at home instead of the SNF, this request is determined to be medically necessary. The request for Home Health PT Rehab and Nurse Incision Care daily x 14 days is determined to be medically necessary.