

Case Number:	CM14-0196868		
Date Assigned:	12/04/2014	Date of Injury:	05/30/2014
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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:

According to the California MTUS Guidelines, home health services are recommended only for otherwise recommended medical treatments for injured workers who are home bound, on part time or intermittent basis with generally up to no more than 35 hours per week. The injured worker was noted to be status post decompression/fusion as of 10/29/2014. However, documentation failed to provide evidence in regards to the injured worker's status as being home bound, on a part time or intermittent basis, and need for medical treatment. In the absence of documentation indicating the injured worker to be home bound and in need of medical treatment, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for six sessions, in treatment of the bilateral shoulder and neck:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99.

Decision rationale: The six-session course of treatment proposed is compatible with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia and/or myositis of various body parts, the diagnosis reportedly present here. While the applicant may or may not have had earlier physical therapy prior to the October 16, 2014 office visit on which additional physical therapy was sought, these treatments apparently transpired during the acute phase of the claim as opposed to the chronic pain phase of the claim. Additional physical therapy was indicated to ameliorate the applicant's residual upper extremity and cervical spine deficits and to facilitate the applicant's transition to a home exercise program. The applicant was seemingly intent on employing the proposed physical therapy in conjunction with a program of functional restoration as evinced by her already successful return to regular duty work. Therefore, the request is medically necessary.