

Case Number:	CM14-0197475		
Date Assigned:	12/05/2014	Date of Injury:	05/23/1997
Decision Date:	02/09/2015	UR Denial Date:	11/07/2014
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 Physical Medicine Rehab, has a subspecialty in Pain 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:

The injured worker sustained a work related injury on May 23, 1997 and was noted to have acquired throat cancer through exposure as a firefighter. A hospital history and physical dated September 16, 2014 noted the injured worker with a history of throat cancer, recurrent aspiration pneumonias, and a gastric feeding tube for the previous nine years. The injured worker was noted to be at a skilled nursing facility for rehabilitation and was sent into the hospital with respiratory failure the day after receiving a replacement Jejunostomy-tube. The injured worker was seen by Infectious Disease, who noted the diagnoses that included aspiration pneumonia, history of nasogastric cancer, history of recurrent pneumonia, and lactic acidosis and leukopenia. The injured worker was discharged from the hospital and transferred back to the skilled nursing facility for rehabilitation and completion of antibiotic therapy. The injured worker was discharged home with homecare services that included skilled nursing, a home health aide, and physical therapy. A physician's request for authorization was made for an RN evaluation, RN visits once a week for eight weeks, an LVN visit two times a week times eight weeks, a Home Health Aide visit daily for six hours a day for eight weeks, a Physical Therapy evaluation, and Physical Therapy 2x1 week, 2 visits x 3 weeks, and 3 visits x 2 weeks. On November 7, 2014, a Utilization Review evaluated the request for an RN evaluation, RN visits once a week for eight weeks, an LVN visit two times a week times eight weeks, a Home Health Aide visit daily for six hours a day for eight weeks, a Physical Therapy evaluation, and Physical Therapy 2x1 week, 2 visits x 3 weeks, and 3 visits x 2 weeks, citing the MTUC Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated September 29, 2014, and the Aetna Clinical Policy Bulletins, Number 0201. The UR Physician authorized the RN evaluation, RN visits, LVN visits, and PT evaluation. The UR Physician noted the injured worker had muscle weakness and functional limitations and partially

certified the physical therapy for two visits times three weeks for a total of six sessions. The UR Physician noted the guidelines recommend home health services are recommended generally for no more than thirty-five hours a week. The UR Physician noted the wife had previously assisted with care and was now noted to be unable to assist, and with the visits from the RN and LVN to monitor the injured worker's condition, and with no indication of the wife's exact role in the care of the injured worker, medical necessity was not established and non-certification was recommended. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aid visits daily x6 hours a day for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Aetna Clinical Policy Bulletins Number: 0201

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

Decision rationale: Regarding the request for home health aid, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound generally up to no more than 35 hours per week, and medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there was documentation that the injured worker was homebound and in need of specialized home care including skilled nursing care, occupational therapy evaluation, and home health physical therapy in addition to home health care. Therefore, the request for home health aid is appropriate. However, the request for 6 hours per day for 8 weeks exceeds the amount of hours per week (35 hours per week) recommended by the guidelines. Unfortunately, there is no provision to modify the current request. In light of the issues stated above, the currently requested home health aid 6 hours per week for 8 weeks is not medically necessary.

Physical Therapy 2x a week, 2 visits x3 weeks, 3 visits x2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, 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), Neck & Upper Back Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has

more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the provider indicated that the specific objective treatment goals included restoration of ALDs as much as possible with management of bowels, GJ tube and improvement in physical strength and pulmonary function. Due to the injured worker's recent hospitalization and generalized weakness, he is unable to address the current objective deficits on his own at home. The PT assessment on 10/6/2014 noted that there was overall improvement in function with specific objective examples given. Therefore, due to improvement in function documented on 10/6/14, 10/7/14, and 10/8/14, continuation of home health physical therapy is appropriate in the case of this injured worker. However, the request exceeds the amount of PT recommended by the ODT, which states to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) and there should be an assessment after a "six-visit clinical trial." Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy 2x a week, 2 visits x 3 weeks, 3 visits x 2 weeks is not medically necessary.