

Case Number:	CM14-0206132		
Date Assigned:	12/18/2014	Date of Injury:	11/09/2010
Decision Date:	02/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 (IW) is a 41-year-old man with a date of injury of November 9, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine strain; failed lumbar spine surgery; low back surgery; left hip strain; and left knee strain. There is no detailed lumbar spine history and physical including functional impairments and activities of daily living. Pursuant to a handwritten, largely illegible progress note dated October 14, 2014, the IW complains of low back pain radiating down his right thigh for the last 2 weeks. He is unable to sleep due to the (illegible) pain. Documentation indicated that he still needs a home care to help him with house chores including personal hygiene, shopping (grocery), cooking, and cleaning. The remainder of the handwritten note is illegible. A prior handwritten note dated September 9, 2014 indicates the IW cannot bend at the waist. He cannot tie his shoes. He cannot drive long distances. His wife helps him shower. He cannot cook. His wife and kids are helping him with his ADL's. There are no medications documented. Prior physical therapy (PT) treatments are not documented. There are no PT notes in the medical record. There is no evidence of objective functional improvement associated with prior PT. The current request is for physical therapy 1 time a week for 6 weeks for the lumbar spine, and home health care 4 hours a day for 5 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 1x6 weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines 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); Low Back, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, physical therapy sessions, one session per week times six weeks to the lumbar spine is not medically necessary. The patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration of physical therapy based on injuries sustained. In this case, the injured worker's working diagnoses are cervical spine strain; failed lumbar spine surgery; low back surgery; left hip strain; left knee strain; and other problems unrelated to current evaluation. The documentation in the medical record is largely illegible with several sentences per progress note. There is no documentation regarding prior physical therapy to the lumbar spine. There is no documentation containing evidence of objective functional improvement with prior physical therapy. Consequently, absent clinical information containing objective functional improvement with a past history of physical therapy for the lumbar spine, clinical indications/rationale for physical therapy, physical therapy one session per week time six weeks is not medically necessary.

Home Health Care 4 hours x 5 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Home Healthcare Services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health care four hours per day times five days is not medically necessary. Home health services include both medical and nonmedical services for patients who are homebound and who require one of the following; skilled nursing care by licensed medical professional for tasks such as administration of IV drugs, dressing changes etc. Home health aide services for health-related tasks and assistance with activities of daily living that do not require skills of a medical professional; and/or the mystic services such as shopping cleaning laundry that the individual is no longer capable of performing due to the illness or injury. Justification for medical necessity requires documentation of several factors. See the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervical spine strain; failed lumbar spine surgery; low back surgery; left hip strain; left knee strain; and other problems unrelated to current evaluation. The documentation in the medical record is largely illegible with several sentences per progress note. There is no documentation indicating the injured worker is homebound. Additionally, the injured worker has a wife that has been helping him at home. Custodial home care services are

not medically necessary pursuant to the guidelines. Consequently, absent complete and relevant documentation to support the need of home health services, home health care four hours per day times five days is not medically necessary.