

Case Number:	CM14-0210423		
Date Assigned:	12/23/2014	Date of Injury:	08/23/2010
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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 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:

This patient sustained an injury on 8/23/10 to the low back while employed by [REDACTED]. Request(s) under consideration include Home health for physical therapy. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. The patient is s/p lumbar L1-2 decompression fusion on 10/6/14. Per peer review discussion, office Physician Assistance advised the request for home health care was for activities of daily living care involving cooking, cleaning, getting around. The PA confirmed the patient has no post-operative complications without unexpected events. Home health was not for specific physical therapy or medical issues related to wound care complications. The request(s) for Home health for physical therapy was non-certified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health for physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Home health services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 52.

Decision rationale: The request for home health for physical therapy was non-certified on 11/14/14. There are no post-operative complications or co-morbid medical history in need of home health. There was no notation the patient was homebound with slow progress, requiring home physical therapy beyond post-operative hospital therapy. Submitted reports have not adequately demonstrated the indication to support home health physical therapy per guidelines criteria with recommended outpatient treatment. Additionally, MTUS and Medicare guidelines support home health for patients who are homebound requiring intermittent skilled nursing care or home therapy and do not include homemaker services such as cleaning, laundry, and personal care. The patient does not meet any of the criteria to support this treatment request and medical necessity has not been established. Submitted reports have not adequately addressed the indication or demonstrated the necessity for home health. There is no specific deficient performance issue evident as the patient has no documented deficiency and was independent prior to surgery without any clear neurological deficits making the patient bedbound. It is unclear if there is any issue with family support. Reports have unchanged chronic symptoms without clear medical deficits identified for home therapy. The request for home health for physical therapy is not medically necessary and appropriate.