

Case Number:	CM14-0083442		
Date Assigned:	07/21/2014	Date of Injury:	07/19/2011
Decision Date:	05/08/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 54-year-old female who reported an injury on 07/19/2011. The mechanism of injury involved a motor vehicle accident. The current diagnoses include status post cervical disc replacement on 03/19/2013, lumbar disc protrusion at L4-5, left sacroilitis, bilateral knee pain and shoulder pain. The injured worker presented on 05/13/2014 for a follow up evaluation with complaints of neck and low back pain, as well as bilateral knee and shoulder pain. It was noted that the injured worker has been previously treated with anti-inflammatory medication, pain management, modified activities, epidural steroid injection and a left sacroiliac joint injection. Upon examination of the cervical spine there was limited range of motion secondary to pain with 5/5 motor strength in the bilateral upper extremities. There was pain to palpation over the left SI joint, positive Spurling's maneuver and positive Faber test were also noted. Upon examination of the lumbar spine, there was limited range of motion secondary to pain, pain to palpation over the lumbar muscles, 5/5 motor strength in the lower extremities, intact sensation, 2+ deep tendon reflexes and positive straight leg raise bilaterally. Recommendations at that time included a course of aquatic therapy, a home care assistant for activities of daily living and daily chores and an orthopedic evaluation/consultation. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Care for 4 hours a day, three days a week, for three months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Home Health Services.

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

Decision rationale: California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. In this case, there was no documentation of a significant functional limitation. There is no indication that this injured worker is currently homebound. Additionally, the provider indicated the injured worker required assistance with activities of daily living and home chores. However, the California MTUS Guidelines state medical treatment does not include homemaker services and personal care. As such, the request is not medically necessary at this time.

Aquatic therapy three times a week for six weeks for the cervical and lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based physical therapy. In this case, there was no evidence of a significant functional limitation. Upon examination, there is no evidence of a significant musculoskeletal or neurological deficit to support the necessity for aquatic therapy. There is no indication that this injured worker is unable to participate in land based physical therapy as opposed to aquatic therapy. Given the above, the request is not medically necessary at this time.