MAXIMUS Federal Services

Case Number:	CM15-0140194		
Date Assigned:	07/30/2015	Date of Injury:	05/17/2002
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 72-year-old male with a May 17, 2002 date of injury. A progress note dated April 1, 2015 documents subjective complaints (hasn't been able to get medical care), objective findings (seen on a walker), and current diagnoses (history of industrial injury on May 12, 2002; history of lumbar spine surgery; status post multiple spine operations; no arterial vascular compromise; bilateral lower extremity weakness possibly due to progressing worsening spinal stenosis or radiculopathy; electric wheelchair status). Treatments to date have included surgeries and medications. Patient was certified for 6 Home Health Physical Therapy visits for this injury. The patient has had CT angiogram of lower extremity on 2/23/12 that revealed no significant stenosis in right and left lower extremity except opacities in infrageniculate great vessel. The medication list includes Norco. The patient's wife lives with him. The patient has had complaints of low back pain. Patient uses walker within the apartment and uses power wheelchair outside. The patient has had impaired hearing, limited sensory perception. The patient has had edema in left leg and knee, muscle atrophy in right leg, weakness in bilateral leg, poor circulation in feet, leg color gets worse if sits and dangles leg and turns dark blue and black and relieved with elevation. The patient has had high risk of falling. The patient's surgical history includes bilateral hip replacement in 2009 and lumbar surgery in 2012. The patient has had history of GERD, HTN, Gallstone, Tinnitus, hearing loss, edema feet. The medication list includes Hydrocodone, Advil, Tylenol, Flexeril, Miralax, Lorazepam, Nexium and Aspirin.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Healthcare Aide (2-3 days per wk): Upheld

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

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

Decision rationale: Request: In Home Healthcare Aide (2-3 days per wk). Per the CA MTUS, guidelines cited below, regarding home health services "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Documented evidence that she was totally homebound or bedridden, for an extended period of time, is not specified in the records provided. Any medical need for medical home health services like administration of IV fluids or medications or dressing changes is not specified in the records provided. Homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom is not considered medical treatment. The number of weeks of the requested home health care aide was not specified in the request. The medical necessity of the request for In Home Healthcare Aide (2-3 days per wk), is not medically necessary in this patient.

Home Health Physical Therapy, 3 times wkly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 51 Home health services and Physical therapy and page 98.

Decision rationale: Home Health Physical Therapy, 3 times wkly. Per the CA MTUS guidelines cited below, regarding home health services "Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" Patient was certified for 6 Home Health Physical Therapy visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent

exercise program is not specified in the records provided. The medical necessity of the request for Home Health Physical Therapy, 3 times wkly is not medically necessary for this patient.