MAXIMUS Federal Services

Case Number:	CM15-0149399		
Date Assigned:	08/12/2015	Date of Injury:	09/10/1990
Decision Date:	09/15/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 79-year-old who has filed a claim for chronic neck, low back, and hip pain reportedly associated with an industrial injury of September 10, 1990. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for a mattress and in-home physical therapy. A June 3, 2015 progress note was referenced in the determination. The misnumbered "page 85" of the MTUS Chronic Pain Medical Treatment Guidelines was also invoked in the determination. The applicant's attorney appealed in a backdated July 31, 2015, while pointing out that he had not been served at the appropriate address. In a June 3, 2015 progress note, the applicant was described as having worsened. The applicant reported difficulty getting in and out of bed owing to ongoing complaints of low back pain. The attending provider contended that the applicant was bedbound due to pain and deconditioning. Overall commentary was sparse. The attending provider posited that the applicant had a massive effusion and deformity of the knee joint. Twenty-four sessions of in-home physical therapy for ambulation, transfer training, and strengthening were proposed. The attending provider contended that the applicant could not sleep in an ordinary bed. The attending provider posited that the applicant was having difficulty getting in and out of her usual and customary bed. Little-to-no commentary was attached. It was not stated precisely how the applicant had arrived at this debilitated state. In a podiatry note dated February 13, 2014, the applicant was described as having ingrown toenails, and diabetic neuropathy. The attending provider stated that the applicant's foot and ankle issues would clearly "impede any gait training." The applicant received debridement of all dystrophic nails. The attending provider

suggested that an ankle foot orthosis could ameliorate some of the applicant's gait deficits. The applicant was described as 77 years old as of this date. The applicant was described as "essentially bedbound" owing to multiple painful arthritic problems, hypertension, and diabetic neuropathy. The applicant was on Januvia, donepezil, Lopressor, Zocor, Prilosec, Norvasc, Lyrica, and Lipitor, it was reported. Physical therapy and a topical compounded agent were endorsed. In a supplemental AME report dated March 20, 2015, the applicant was described as having last been seen on November 20, 2013. The applicant was described as essentially bedridden at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-home physical therapy three (3) times a week for eight (8) weeks for ambulation, transfer training, strength training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 85.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48,Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: No, the request for in-home physical therapy at a rate of three times a week for eight weeks was not medically necessary, medically appropriate, or indicated here. The 24-session course of treatment at issue, in and of itself, represents treatment well in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. While it is acknowledged that the applicant's various issues with chronic low back pain, chronic knee pain, gait derangement, diabetic neuropathy, etc., could very well have compelled treatment beyond MTUS parameters, the MTUS position on physical medicine is nevertheless qualified by commentary set forth in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy which clearly states treatment goals. Here, the attending provider stated on June 3, 2015 that the applicant was essentially bedridden. The applicant had developed issues with a knee effusion and knee contracture superimposed on ongoing issues with chronic low back pain. A medical-legal evaluator also reported on March 20, 2015 that the applicant was "bedridden" at the time of his last in-person evaluation dated November 20, 2013. A podiatrist reported on February 13, 2014 that the applicant would not necessarily benefit from further physical therapy and suggested provision of orthotics. Said podiatrist reported on February 13, 2014 that the applicant was using donepezil (Aricept), i.e., a medication for dementia. The attending provider's June 3, 2015 progress note did not, in short, outline the applicant's response to earlier therapy, nor did the attending provider outline clear goals for further therapy, going forward. There was no mention made of the applicant's issues with dementia and whether or not they would act as a barrier to the applicant's profiting from further formal therapy. Therefore, the request was not medically necessary.

Hospital bed, fixed height with mattress, for in-home use, purchase: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mattress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine and Rehabilitation, Edited by Randall Braddom, Fourth Edition: Functional Mobility Bed.

Decision rationale: Conversely, the request for a hospital bed for in-home use purposes was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. The updated ACOEM and ODG Guidelines, while addressing the topic of mattresses and beds for chronic pain complaints, do not specifically address the topic of provision of mattresses and/or beds for applicants with significant physical impairment. The textbook Physical Medicine and Rehabilitation by Braddom notes that hospital beds might be required to improve independence in an individual with significant physical disability, noting that powered hospital beds allow for motorized raising and/or lowering of the head of an applicant's bed, bringing an applicant to a sitting position, and/or assisting with more comfortable positions for sleep. Here, the applicant was described on multiple progress notes, referenced above, as bedridden, having issues with a massive knee effusion and/or knee joint contracture, Alzheimers disease, diabetic neuropathy, etc. The applicant was described as bedridden and/or semi-ambulatory on a February 13, 2014 podiatry office visit as well as on a Medical-legal Report dated March 20, 2015. Provision of the hospital bed in question was, thus, indicated to ameliorate the applicant's significant physical (and psychological) impairment. Therefore, the request was medically necessary.