

Case Number:	CM15-0168900		
Date Assigned:	09/09/2015	Date of Injury:	04/23/2007
Decision Date:	10/13/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 50 year old male with an industrial injury dated 04-23-2007. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spinal stenosis with neurogenic claudication and multilevel lumbar degenerative disc disease status post lumbar laminectomies. Treatment consisted of Lumbar Magnetic Resonance Imaging (MRI) dated 07-09-2007 and 05-05-2015, lumbar spine x-rays, prescribed medications, radiofrequency ablation, trigger point injections, use of cane for ambulation, lumbar surgical procedure, hospitalization, inpatient physical therapy, inpatient occupational therapy and periodic follow up visits. In a progress note dated 03-11-2015, the injured worker reported burning pain in the bilateral anterior thighs with associated throbbing and burning pain in the back located at the waist level and diffusely. In an operative report dated 07-21-2015 the injured worker underwent right L2-S1 hemilaminectomies and contralateral laminoplasties, bilateral foraminotomies, and repair of the left L3-5 dural tears. Records (07-25-2015) indicate that the injured worker was post operatively transferred to the acute rehabilitation unit to achieve independent ambulation before being discharged home. In a progress report dated 08-16-2015, the injured worker reported that he was doing well with no new complaints. The pain was noted to be well controlled and that he was voiding continently now. Inpatient physical therapy report dated 08-14-2014, the injured worker was noted to be modified independent with good tolerance to treatment and increase strength. The injured worker was able to tolerate sit to stand and able to tolerate ambulation. The treating physician reported that the UTI and wound infection was resolved and the injured worker was off of antibiotics. The treating physician prescribed

services for Occupational Therapy home health consult for safety, Home health physical therapy #12 and Home health occupational therapy #2, now under review. Utilization Review determination on 08-21-2015, partially approved the request for home health evaluation (original Occupational Therapy home health consult for safety) and denied the request for Home health physical therapy #12 and Home health occupational therapy #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

OT home health consult for safety: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, occupational therapy home health consultation for safety is medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. Patients 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 committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spinal stenosis with neurogenic claudication; multilevel lumbar degenerative disc disease; and status post lumbar laminectomy's. The injured worker was admitted to the hospital for the surgical procedures on July 21, 2015. The injured worker was discharged from the hospital on July 25, 2015. The injured worker was admitted to the skilled nursing facility on July 25, 2015. The last progress note documented in the skilled nursing facility was dated August 16, 2015. The injured worker was discharged from the skilled nursing facility on August 20, 2015. The documentation indicates the injured worker's homebound according to an August 20, 2015 Home Health Face-To-Face Certification. The documentation indicates the injured worker ambulates with a walker up to 150 feet. Family attends the physical therapy sessions. It is unclear from the documentation whether the injured worker lives alone or with family to assist with ADLs. While in the skilled nursing facility, the injured worker receives daily physical therapy. The worker is able to transfer

from the sitting position to the standing position from a wheelchair. The guidelines provide evaluation of medical necessity for home care services is made on a case-by-case basis. The treatment plan should include a referral for an in-home evaluation by a homecare agency registered nurse, physical therapist, occupational therapist or other qualified professional. The treating provider is requesting an in-home consultation for safety. The injured worker is homebound based on the home health face-to-face certification. Based on the clinical documentation in the medical record, peer-reviewed evidence-based guidelines and documentation the injured worker's homebound, occupational therapy home health consultation for safety is medically necessary.

Home health physical therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health physical therapy times #12 is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. Patients 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 committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spinal stenosis with neurogenic claudication; multilevel lumbar degenerative disc disease; and status post lumbar laminectomy's. The injured worker was admitted to the hospital for the surgical procedures on July 21, 2015. The injured worker was discharged from the hospital on July 25, 2015. The injured worker was admitted to the skilled nursing facility on July 25, 2015. The last progress note documented in the skilled nursing facility was dated August 16, 2015. The injured worker was discharged from the skilled nursing facility on August 20, 2015. The documentation indicates the injured worker's homebound according to an August 20, 2015 Home Health Face-To-Face Certification. The documentation indicates the injured worker ambulates with a walker up to 150 feet. Family attends the physical therapy sessions. It is unclear from the documentation whether the injured worker lives alone or with family to assist with ADLs. While in the skilled nursing facility, the

injured worker receives daily physical therapy. The worker is able to transfer from the sitting position to the standing position from a wheelchair. The guidelines provide evaluation of medical necessity for home care services is made on a case-by-case basis. The treatment plan should include a referral for an in-home evaluation by a homecare agency registered nurse, physical therapist, occupational therapist or other qualified professional. The treating provider is requesting an in-home consultation for safety. The injured worker is homebound based on the home health face-to-face certification. The guidelines recommend 16 physical therapy visits over eight weeks. Injured worker spent 23 days at the skilled nursing facility and received daily physical therapy. Physical therapy treatment plan includes an additional 12 physical therapy sessions. Although physical therapy appears to be clinically indicated, the documentation does not specify the frequency a physical therapy per week. As noted above, the guidelines recommend 16 physical therapy visits over eight weeks. The injured worker received 23 days of inpatient SNF physical therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation with a frequency of physical therapy sessions per week, home health physical therapy #12 is not medically necessary.

Home health occupational therapy #2: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, home health occupational therapy #2 is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. Patients 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 committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar spinal stenosis with neurogenic claudication; multilevel lumbar degenerative disc disease; and status post lumbar laminectomy's. The injured worker was admitted to the hospital for the surgical procedures on July 21, 2015. The injured worker was discharged from the hospital on July 25, 2015. The injured worker was admitted to the skilled nursing facility on July 25, 2015. The last progress note documented in the skilled

nursing facility was dated August 16, 2015. The injured worker was discharged from the skilled nursing facility on August 20, 2015. The documentation indicates the injured worker's homebound according to an August 20, 2015 Home Health Face-To-Face Certification. The documentation indicates the injured worker ambulates with a walker up to 150 feet. Family attends the physical therapy sessions. It is unclear from the documentation whether the injured worker lives alone or with family to assist with ADLs. While in the skilled nursing facility, the injured worker receives daily physical therapy. The worker is able to transfer from the sitting position to the standing position from a wheelchair. The guidelines provide evaluation of medical necessity for home care services is made on a case-by-case basis. The treatment plan should include a referral for an in-home evaluation by a homecare agency registered nurse, physical therapist, occupational therapist or other qualified professional. The treating provider is requesting an in-home consultation for safety. The injured worker is homebound based on the home health face-to-face certification. The guidelines recommend 16 physical therapy visits over eight weeks. Injured worker spent 23 days at the skilled nursing facility and received daily physical therapy. Physical therapy treatment plan includes an additional 12 physical therapy sessions. The physical therapy treatment plan includes an additional two sessions of occupational therapy. Although occupational therapy appears to be clinically indicated, the documentation does not specify the frequency of occupational therapy per week and the rationale for an additional two occupational therapy sessions. The treatment plan states occupational therapy two sessions are indicated. As noted above, the guidelines recommend 16 occupational therapy visits over eight weeks. The injured worker received 23 days of inpatient SNF physical/occupational therapy. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical rationale for an additional two occupational therapy sessions and no specific documentation of the frequency for occupational therapy sessions per week, home health occupational therapy #2 is not medically necessary.