

Case Number:	CM15-0180125		
Date Assigned:	09/29/2015	Date of Injury:	07/04/2015
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old male, who sustained an industrial injury on 7-04-2015, resulting from a motor vehicle accident. The injured worker was being treated for injury to his psyche, head and neck, shoulders-arms, upper-mid-lower back, knees, ankles-legs, testicles, stomach, and chest-ribs. Treatment to date has included diagnostics, bracing, and medications. On 7-28-2015, the injured worker complains of frequent headaches (rated 0 without activities, 8 with activity). He reported continuous neck pain (rated 7 without activities, 9 with activities). He reported right shoulder-arm pain (rated 7 without activity, 9 with activity) and left shoulder pain (rated 8 without activities, 9 with activities). His back pain radiated to the bilateral lower extremities and was rated 7 without activities and 9 with activities. His rib-chest pain was rated 6 without activities and 9 with activities. Intermittent stomach pain was rated 0 without activities and 8 with activities. Intermittent testicular pain was rated 0 without activities and 8 with activities. His bilateral knee pain was rated 5-7 without activities and 8 with activities. His bilateral ankle pain was rated 8 without activities and 10 with activities. He also reported anxiety, depression, insomnia and nightmares attributed to his traumatic injury and dealing with the pain. Current medications included Ibuprofen, Docusate, and Diazepam. He reported that he was told a therapist would come to his house for rehabilitation, however this did not occur. Exam of his knees and ankles noted diffuse tenderness bilaterally. His knee range of motion was 0-110 on the right and 0-120 on the right. Range of motion in the ankles was full but painful. He was prescribed Cyclobenzaprine, Tramadol, Hydrocodone-APAP, Docusate, Omeprazole, and Tylenol #3. The treatment plan included home physical therapy for the bilateral knees, 2x4, modified by Utilization Review to home physical therapy for the bilateral knees and ankles x6 on 8-19-2015. OASIS nursing Assessment (8-15-2015) noted homebound status, residual weakness, requires maximum assistance-taxing effort to leave home, and the inability to safely leave home unassisted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical Therapy for the bilateral knees 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Knee & Leg (Acute & Chronic), Transportation to and from appointments (2) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work injury on 07/04/15 as the result of a motor vehicle accident. He sustained multiple injuries and was hospitalized for three days. Injuries included multiple lumbar transverse process fractures. At discharge, he was able to ambulate 15 feet. He was wearing a back brace. He was discharged home. He was seen by the requesting provider on an outpatient basis on 07/28/15. His history of injury was reviewed. He had multiple areas of pain and secondary complaints of depression, anxiety, insomnia, and nightmares. He was using bilateral knee braces and a walker. Physical examination findings included appearing in moderate distress. He had an antalgic gait. There was tenderness and decreased range of motion throughout the spine. There was decreased shoulder range of motion. He had diffuse bilateral knee tenderness with decreased range of motion. He was unable to squat. He had full ankle range of motion with pain and there was diffuse tenderness. Authorization for eight sessions of home-based physical therapy was requested. Home health services are recommended only for necessary medical treatments for patients who are homebound and unable to perform treatments without assistance. In this case, the claimant was seen on an outpatient basis. He was ambulating with a walker without reported need for physical assistance. He was discharged home directly after his acute hospitalization. He would be expected to be able to participate in outpatient physical therapy with transportation if needed. The request is not medically necessary.