

Case Number:	CM15-0183383		
Date Assigned:	09/24/2015	Date of Injury:	01/26/1983
Decision Date:	10/29/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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 79-year-old male with an industrial injury date of 01-26-1983. Review of medical records indicates he is being treated for chronic multifactorial industrial based pain through the left shoulder, pelvis and internal organs, spinal cord and left foot. His medical history included hypertension, deep vein thrombosis in legs and arm, coronary artery disease, diabetes, lower extremity swelling and a fall with 3 fractured ribs (09-2014). His prior surgical history (as documented by the treating physician) included exploratory in 1983, stab wound to drain gall bladder in 1983, tibial pin in left leg in 1983, removal of gall bladder in 1984, removal hardware due to infection in 1986, installed new hardware in pelvis in 1987, artificial sphincter in bladder in 1999, removed hardware and tibial pin and put in new knee joint in left knee in 2004, put in new right hip joint in 2005, removed artificial sphincter due to infection in 2009, put in right knee joint in 2009, broke left hip and put in hardware to secure left hip 2010 and supra pubic catheter in 2011. Subjective complaints on 08-13-2015 are documented by the treating physician as follows: "This patient is here today for reevaluation reporting industrial based pain through the back with subsequent damage to the cord, left shoulder, pelvic, left foot and internal organ damage from a crush injury." Objective findings (08-13-2015) included slow speech with normal volume and without any difficulty in language expression. Memory: "Particularly short-term appears mildly impaired." "The patient changes station independently appearing poorly balanced and ambulating with the use of a front wheel walker for assistance." The injured worker had returned home from a rehabilitation facility. The treating physician noted "he was to have in house physical therapy once released" from the rehabilitation facility. "He admits he remains in a weakened state and he is at risk for falling." Medical record review indicates he was discharged from the rehabilitation facility on 06-13-2014. Included in the medical records and dated 05-24-

2015 (signed by the physician on 06-11-2015) is a "face to face" with the order section marked for PT (physical therapy) and RN. His current medications included Dilaudid, Fentanyl, Coumadin, Cymbalta, Neurontin and Trazodone. Prior treatments included treatment in rehabilitation facility, anti-inflammatory medications, pain medications, surgery, occupational therapy and physical therapy (unknown number of treatments.) The treatment request is for in home physical therapy Qty: 8. On 09-02-2015 the request for in home physical therapy Qty: 8 were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

In Home Physical Therapy Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Home health services.

Decision rationale: The claimant has a remote history of a work injury occurring in January 1983. He was seen in an emergency room on 05/16/15 after losing his balance and falling, landing on his left side. He had low back and hip pain. He was admitted for observation and subsequently received SNF level care. He was discharged on 06/11/15. At discharge, he was able to ambulate 200 feet with a rolling walker. He received home health services. When seen in August 2015 his spouse was acting as his principal caretaker. He continued to feel weak and felt he was at risk for falling. Physical examination findings included a body mass index of 31. He was able to transition positions independently. He had poor balance. He was able to ambulate with use of a rolling walker. Authorization is being requested for eight sessions of home-based physical therapy. 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 continues to be treated on an outpatient basis and is not home bound. Outpatient physical therapy can meet his needs. The request is not medically necessary.