MAXIMUS Federal Services

Case Number:	CM15-0183507		
Date Assigned:	09/24/2015	Date of Injury:	02/04/2010
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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 41 year old female, who sustained an industrial injury on 2-4-2010. Medical records indicate the worker is undergoing treatment for cervical 5-7 spinal cord injury, shoulder joint pain, cervical disc disorder with radiculopathy and anxiety disorder. A recent progress report dated 7-16-2015, reported the injured worker complained of requiring in home assistance with activities of daily living due to being wheelchair bound, loss of functionality of the right side of her body and pain in the left upper extremity and left shoulder and right hip pain with anxiety. Physical examination revealed the injured worker was wheelchair bound and had motor strength of 0 out of 5 in the deltoid, 1 out of 5 external rotation of shoulder, 3 out of 5 right hip flexion and right grip strength and reduced sensation to soft touch on left greater than right arm and bilateral lower extremities. Treatment to date has included Rhizotomy, radiofrequency neurology-ablation, physical therapy and medication management. The physician is requesting Home health physical therapy 2 times a week for 8 weeks right hemiparesis, gait difficulties and spinal cord injury. On 8-25-2015, the Utilization Review noncertified the request for Home health physical therapy 2 times a week for 8 weeks right hemiparesis, gait difficulties and spinal cord injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health physical therapy 2 times a week for 8 weeks right hemiparesis, gait difficulties and spinal cord injury: 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) (1) Head (trauma, headaches, etc., not including stress & mental disorders) (2) Pain (Chronic), Home health services.

Decision rationale: The claimant sustained a work injury in February 2010 when she slipped and fell in a parking lot with a spinal cord injury resulting in Brown-Sequard syndrome. She was seen on an outpatient basis on 07/16/15. She was receiving assistance from her uncle two times per week including for attending appointments. She was having ongoing left shoulder pain. She was unable to perform activities such as laundry, grocery shopping, and was having difficulty making her own bed. Physical examination findings included significantly decreased right upper and lower extremity strength. There was decreased left upper and lower extremity sensation consistent with her history of spinal cord injury. Authorization was requested for home health aide services and for home-based physical therapy two times per week for 6-8 weeks. 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 therapy with transportation can be provided. The claimant's condition is chronic with injury occurring more than 5 years ago and the number of sessions being requested is in excess of the guideline recommendations where 6-12 therapy treatment sessions over 12 weeks could be recommended. The request is not medically necessary.