

Case Number:	CM15-0187711		
Date Assigned:	09/29/2015	Date of Injury:	12/15/1999
Decision Date:	11/19/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Emergency 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 an 80 year old female with an industrial injury dated 12-15-1999. A review of the medical records indicates that the injured worker is undergoing treatment for status post fall, left inferior pubic ramus fracture, hypertension, breast cancer, hyperlipidemia, chronic back pain and falls. Treatment has included diagnostic studies, prescribed medications, back surgical procedure in 2014 and periodic follow up visits. According to the progress note dated 08-07-2015, the injured worker presented status post fall and left hip pain. The injured worker reported having extensive back surgery last year, including lumbar fusion at L4-L5, decompressive laminectomy at L3-L4, lateral interbody fusion at L3-L4, and revision of left-sided L3-L4 laminoforaminotomy nerve root compression. The injured worker reported that ever since her surgery, she has not felt right. The injured worker reported multiple falls. The injured worker reported falling an upward of 20 times since her surgery. Objective findings (08-07-2015) revealed tenderness to compression of pelvis. The treating physician reported that the pelvic x-ray revealed an acute minimally displaced left inferior pubic ramus fracture. The treating physician reported that the lumbar MRI performed on the date of admission (08-07-2015) revealed that the spinal canal was widely patent at the levels of prior surgery at L3-L4 and L4-L5, that she had moderate right central and right paracentral stenosis due to a moderately large right paracentral herniated nucleus pulposus. Medical records indicated that the injured worker was admitted as an inpatient on 08-07-2015 and discharge on 08-21-2015. The treatment plan included toe-touch weight bearing to left lower extremity for 6 weeks. The treating physician prescribed skilled nursing facility for physical therapy and occupational therapy, unknown

quantity. The original utilization review determination (08-20-2015) denied the request for skilled nursing facility for physical therapy and occupational therapy, unknown quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skilled nursing facility for physical therapy and occupational therapy, unknown quantity:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Skilled nursing facility (SNF) LOS (length of stay).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: The requested Skilled nursing facility for physical therapy and occupational therapy, unknown quantity, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain. Treatment Guidelines, Page 51, Home health services, note that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The injured worker has had extensive back surgery last year, including lumbar fusion at L4-L5, decompressive laminectomy at L3-L4, lateral interbody fusion at L3-L4, and revision of left-sided L3-L4 laminoforaminotomy nerve root compression. The injured worker reported that ever since her surgery, she has not felt right. The injured worker reported multiple falls. The injured worker reported falling an upward of 20 times since her surgery. Objective findings (08-07-2015) revealed tenderness to compression of pelvis. The treating physician reported that the pelvic x-ray revealed an acute minimally displaced left inferior pubic ramus fracture. The treating physician reported that the lumbar MRI performed on the date of admission (08-07-2015) revealed that the spinal canal was widely patent at the levels of prior surgery at L3-L4 and L4-L5, that she had moderate right central and right paracentral stenosis due to a moderately large right paracentral herniated nucleus pulposus. Medical records indicated that the injured worker was admitted as an inpatient on 08-07-2015 and discharge on 08-21-2015. The treatment plan included toe-touch weight bearing to left lower extremity for 6 weeks. The treating physician prescribed skilled nursing facility for physical therapy and occupational therapy, unknown quantity. The treating physician has not documented what specific home health services are being requested, or frequency or duration, or their medical necessity. The criteria noted above not having been met, Skilled nursing facility for physical therapy and occupational therapy, unknown quantity is not medically necessary.