

Case Number:	CM15-0196399		
Date Assigned:	10/12/2015	Date of Injury:	06/11/1988
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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 67 year old male who sustained an industrial injury June 11, 1988. Past history included left L3-4, L4-5 left hemilaminectomy and bilateral L2-3, L4-5 microforaminotomy left L2-3, open laminectomy bilateral foraminotomies and repair of 3mm durotomy July 22, 2015, type II diabetes mellitus, gastroesophageal reflux, and hypertension. According to a treating physician's clinic note dated August 24, 2015, the injured worker presented feeling better after surgery. He reported pain levels of 4 out of 10. Prior to surgery, he rated his pain 12-15 out of 10. He reports increasing pain in the back when he is standing and walking and feels better in a recliner and also reported tenderness in his left calf which is swollen and tender. He denies any bladder or bowel dysfunction and is able to move right and left. He has not used Norco since discharge from the nursing home. He receives physical therapy at home, as he is assisting his wife who is undergoing chemotherapy. There are no home physical therapy notes available in the present medical record for review. Objective findings included; 6'1" and 338 pounds; sensation is decreases on the right L4, L5, S1 dermatomal distribution; left leg is slightly tender and hard to palpation with swelling; wound healing well; deep tendon reflexes, bilateral lower extremities are 0 all around. Diagnoses are severe spinal stenosis; status post L2-L5 decompression. Treatment plan included to be evaluated by another physician for possible DVT (deep vein thrombosis) and at issue, a request for authorization for home physical therapy three times a week for eight weeks. According to utilization review dated September 17, 2015, the request for Home Physical Therapy Lumbar, Legs (24) (3) times a week times (8) weeks are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy 3 times a week for 8 weeks for the low back and legs: Upheld

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

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

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, home physical therapy three times per week times eight weeks for the low back and legs is not medically necessary. 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. 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 you get the benefit me out of that could be anything 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. In this case, the injured worker's working diagnoses are severe lumbar spinal stenosis; and status post L2 - L5 decompression doing well. Date of injury is June 11, 1988. Request for authorization is September 10, 2015. According to an August 24, 2015 progress note, the injured worker is status post lumbar spine laminectomy and microforaminotomy, left L2 - L3 open laminectomy, bilateral foraminotomies and repair of 3 mm durotomy with severe lumbar spinal stenosis July 22, 2015. The injured worker's pain scores 4/10. The injured worker received an unknown number of home physical therapy sessions to date. There is no documentation the worker is homebound. Objectively, the physical examination does not contain the ambulatory status of the injured worker. Motor function was 5/5 and it was decreased sensation at the right L4 - S1 levels. There was no documentation demonstrating objective functional improvement from prior physical therapy. There are no visible therapy progress notes in medical record, however there are nursing notes. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior physical therapy, no physical therapy progress notes, no documentation the injured worker is homebound and no compelling clinical facts indicating additional physical therapy is clinically warranted, home physical therapy three times per week times eight weeks for the low back and legs is not medically necessary.