

Case Number:	CM15-0202845		
Date Assigned:	10/19/2015	Date of Injury:	06/06/2013
Decision Date:	12/24/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 48 year old male, who sustained an industrial injury on 6-6-2013. A review of the medical records indicates that the injured worker is undergoing treatment for traumatic brain injury, spasticity, left hemiparesis, coagulopathy, and low back pain, bilateral DVT of the lower extremity, DVT of upper extremity, hypertension, renal colic, and visual impairment. On 9-2-2015, the injured worker reported left upper extremity pain, redness, and swelling, left spastic hemiparesis, impaired cognition, and behavioral changes. The Primary Treating Physician's report dated 9-2-2015, noted the injured worker returned for Botox injection, concerned about lack of help with his activities of daily living (ADLs), never taught how to tie shoes one handed, with balance issues on uneven surfaces. The injured worker was noted to be religiously compliant with home exercise program (HEP), and had been attending the gym, adding cardio workout to increase endurance. The injured worker was noted to have had occupational therapy, still getting some motor return with tone improved with Botox injections. The injured worker received a Botox injection for chemodenervation of muscles. The injured worker's current medications were noted to include Metoprolol, Avalide, and Protonix. The physical examination was noted to show the injured worker's functional status was minimal assist with bathing and lower body dressing and meal prep, independent with gait and transfers. The left shoulder was noted to have two fingerbreadths subluxation. Prior treatments have included Botox injections 11-10-2014 and 5-6-2015 with good effect noted with looser finger tips. Emergent right craniotomy for SDH evacuation with PEG, trach, DVT, and rehab course, occupational therapy, physical therapy, and speech therapy. The Physician noted that given the

injured worker's valid concerns for self-care and seeming inadequate therapy education, he would benefit from a short course of outpatient physical therapy for higher balance program to decrease the risk of falls, outpatient occupational therapy for the left upper extremity and compensatory techniques for activities of daily living (ADLs), and should have 2 hours of home aide for assistance with activities of daily living (ADLs). The Physician noted the injured worker would need Botox injections for spastic left upper extremity approximately every three months and may need test for antibodies against Botox should effectiveness decreased. The request for authorization dated 9-10-2015, requested a home caregiver/ aide for 2 hours a day 7 days a week for assistance with activities of daily living, Botox injections 100units for left upper extremity, outpatient occupational therapy 2 to 3 times a week for 6 to 8 weeks, left upper extremity for compensatory techniques for activities of daily living and higher balance program to decrease risk of falls, and outpatient physical therapy 2 to 3 times a week for 6 to 8 weeks, left upper extremity for compensatory techniques for activities of daily living and higher balance program to decrease risk of falls. The Utilization Review (UR) dated 9-18-2015, non-certified the requests for a home caregiver/ aide for 2 hours a day 7 days a week for assistance with activities of daily living, Botox injections 100units for left upper extremity, and outpatient physical therapy 2 to 3 times a week for 6 to 8 weeks, left upper extremity for compensatory techniques for activities of daily living and higher balance program to decrease risk of falls, and modified the requests for outpatient occupational therapy 2 to 3 times a week for 6 to 8 weeks, left upper extremity for compensatory techniques for activities of daily living and higher balance program to decrease risk of falls to certify occupational therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home caregiver/ aide for 2 hours a day 7 days a week for assistance with activities of daily living: Upheld

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

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

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested home health care is not medically necessary.

Botox injections 100units for left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for spasticity (following TBI).

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. ODG states that Botox is recommended for spasticity following traumatic brain injury. Within the documentation available for review, it appears the patient has a traumatic brain injury with spasticity affecting the upper extremity. However, the patient has undergone multiple Botox injections with no documented improvement in functional status or activities of daily living. Therefore, it is unclear why additional Botox injections might be needed. In the absence of clarity regarding that issue, the currently requested Botox injections are not medically necessary.

Outpatient occupational therapy 2 to 3 times a week for 6 to 8 weeks, left upper extremity for compensatory techniques for activities of daily living and higher balance program to decrease risk of falls: Upheld

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

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional occupational therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of therapy. ODG recommends a trial of physical therapy. If the trial of therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone occupational therapy previously. There is documentation that the patient has made improvement in his remaining deficits to be addressed with the currently requested outpatient occupational therapy. Unfortunately, the currently requested therapy is for 12-18 visits. Guidelines do not support 18 visits without follow-up to document improvement and ongoing deficits. There is no provision to modify the current request to a smaller number to allow for reevaluation. As such, the currently requested additional occupational therapy is not medically necessary.

Outpatient physical therapy 2 to 3 times a week for 6 to 8 weeks, left upper extremity for compensatory techniques for activities of daily living and higher balance program to decrease risk of falls: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has undergone occupational therapy previously. There is documentation that the patient has made improvement in his remaining deficits to be addressed with the currently requested outpatient occupational therapy. Unfortunately, the currently requested therapy is for 12-18 visits. Guidelines do not support 18 visits without follow-up to document improvement and ongoing deficits. There is no provision to modify the current request to a smaller number to allow for reevaluation. As such, the currently requested additional physical therapy is not medically necessary.