

Case Number:	CM15-0206044		
Date Assigned:	10/22/2015	Date of Injury:	04/28/2005
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 73 year old female, who sustained an industrial injury on 4-28-2005. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy and lumbar multilevel disc displacement. A recent progress report dated 8-20-2015, reported the injured worker complained of burning, radicular low back pain and muscle spasm rated 6 out of 10, with numbness and tingling of the bilateral lower extremities. Pain is aggravated by performing activities of daily living and household chores. Physical examination revealed lumbar paraspinal and lumbosacral tenderness with limited range of motion. Lumbar magnetic resonance imaging from 2014 showed lumbar disc desiccation at lumbar 2-sacral 1 and multilevel diffuse disc protrusion. Treatment to date has included physical therapy and medication management. The physician is requesting Home health nurse to provide physical therapy 3x a week for 4 weeks and help with everyday needs (for lumbar spine). On 9-21-2015, the Utilization Review noncertified the request for Home health nurse to provide physical therapy 3x a week for 4 weeks and help with everyday needs (for lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health nurse to provide physical therapy 3x a week for 4 weeks and help with everyday needs (for lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services.

Decision rationale: According to MTUS and ODG Home Health Services section, "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." Given the available medical records, the IW does not appear to be "homebound," the treating physician provides no objective documentation that would necessitate a homebound status for this IW. Additionally, home health services may not include non-medical services, which this request actually specifies as part of the request. As such, the request for Home health nurse to provide physical therapy 3x a week for 4 weeks and help with everyday needs is not medically necessary.