

Case Number:	CM15-0209608		
Date Assigned:	10/28/2015	Date of Injury:	01/06/2000
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 58 year old female, who sustained an industrial injury, January 6, 2000. The injured worker was undergoing treatment for tendonitis, lumbar region sprains and or strains, ankle tendonitis and or bursitis, knee tendonitis and or bursitis, foot strain and or sprain and lumbosacral radiculopathy. According to progress note of July 16, 2015, the injured worker's chief complaint was chronic low back pain, chronic right ankle pain and left knee. The injured worker was having difficulty completing daily activities including personal hygiene and household chores. The injured worker rated the pain at 5 out of 10 with medications and 10 out of 10 without pain medications. The objective findings noted the injured worker ambulated with a single point cane. There was decreased range of motion in the lumbar spine with flexion, extension and lateral rotation. Dysesthesia was noted in the L5 and S1 dermatomal distributions bilaterally. The left knee showed medial and lateral joint line tenderness. There was painful decreased range of motion on flexion and extension with patellar crepitus. The injured worker previously received the following treatments Prilosec, Voltaren, LidoPro ointment, cane for ambulation, anxiety and depression medications. The UR (utilization review board) denied certification on October 1, 2015; for HHC (home health care) 2 hours per day 7 days per week for three months and physical therapy time 12 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home health care, 2 hours a day, 7 days per week, for 3 months: 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: 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. In this case, the request was for bathing and dressing self. Based on the guidelines, this is not supported and not medically necessary.

12 sessions of physical therapy, lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Activity, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS), 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the injury is 15 years old and there is no indication of the amount of therapy completed in the past. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The 12 sessions also exceed the guidelines amount as noted. Consequently, 12 therapy sessions are not medically necessary.