

Case Number:	CM15-0022839		
Date Assigned:	02/12/2015	Date of Injury:	08/19/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 08/19/2014. The mechanism of injury involved a fall. The current diagnoses include pelvic fracture with reduction of erectile function, comminuted nondisplaced fracture of the right superior and inferior pubic ramus, L2 compression fracture, lumbar disc displacement with radiculopathy, significant right sided low back abscess, status post L2 kyphoplasty, myofascial dysfunction noted by trigger points, lumbar facet arthropathy, and a chipped tooth. The injured worker presented on 12/15/2014 for a follow-up evaluation. The injured worker reported an increase in pain after physical therapy. Upon examination, there was increased tone in the bilateral thoracic paravertebral muscles, 35 forward flexion, 10 degree extension, 20 degree rotation, increased tone in the lumbar paraspinal muscles with decreased range of motion, positive straight leg raising, reduced sensation to light touch in the right lateral and posterior leg, 1+ deep tendon reflexes, and diminished motor strength. Recommendations included continuation of the current medication regimen, aquatic physical therapy twice per week for 4 weeks, and a home health aide once per week for 8 weeks. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Health Aide 1 x 8 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. In this case, there was no indication that the injured worker was homebound. Additionally, the California MTUS Guidelines state medical treatment does not include homemaker services and personal care. Therefore, the medical necessity for a home health aide has not been established in this case. As such, the request is not medically appropriate.

Aquatic Physical Therapy (PT) 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available as an alternative to land based physical therapy. It can minimize the effects of gravity and is specifically recommended where reduced weight bearing is desirable. In this case, there was no indication that this injured worker was unable to attend land based physical therapy as opposed to aquatic therapy. There was no indication of the need for reduced weight bearing. Additionally, the request as submitted failed to indicate a specific body part. Given the above, the request is not medically appropriate at this time.

Manual PT 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. Treatment for the low back is recommended as a therapeutic trial of 6 visits over 2 weeks. The current request for 8 sessions of manual therapy would exceed guideline recommendations. Additionally, the request as submitted failed to indicate a specific body part. As such, the request is not medically appropriate.