

<b>Case Number:</b>	CM15-0025578		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/08/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

### 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 56-year-old male, who sustained an industrial injury on October 8, 2014. The diagnoses have included rupture of the right quadriceps tendon. Treatment to date has included right quadriceps tendon repair, inpatient physical rehabilitation, outpatient physical therapy and durable medical equipment. Currently, the injured worker had a physician's evaluation of which there was no detailed documentation of his industrial injury or current status. He reported no issues with his cardio-respiratory system, his gastrointestinal system or his musculoskeletal system. His physical examination was unremarkable and his evaluating physician recommended continuation of his current medical regimen to include both physical and occupational therapy. The plan is to transfer the injured worker to another facility near his home. On January 30, 2015 Utilization Review non-certified a request for physical therapy and occupational therapy for the right knee, 24-hour caregiver, RN evaluation + three RN/LPN visits and physical therapy evaluation + PT/PTA treatment visits, noting that there was a lack of full clinical data to support the requests. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of home health services upon discharge for physical therapy and occupational therapy for the right knee, 24-hour caregiver, RN evaluation + three RN/LPN visits and physical therapy evaluation + PT/PTA treatment visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health services upon D/C for physical therapy and occupational therapy for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 10/16/14 progress report provided by treating physician, the patient presents with right knee pain. The request is for HOME HEALTH SERVICES UPON D/C FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY FOR THE KNEE. The patient is status post surgical repair of the right quadriceps tendon rupture 10/13/14. Patient's diagnosis on 10/16/14 includes acute postoperative pain, acute anemia secondary to postoperative blood loss, gait abnormality and imbalance, and debility and generalized weakness. Patient's medications include Norvasc, Colace, Lisinopril, Senokot, and Percocet. Per treater report dated 10/16/14, the patient was working as a security guard prior to injury on 10/08/14 and surgery 10/13/14. Per treater report dated 11/03/14, the patient "ambulates with a walker and with assistance. He is progressing in physical therapy although not yet weight bearing." Current work status was not provided. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker 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." Per progress report dated 10/16/14, treater states the patient "was given a knee immobilizer to the right lower extremity at all times. He was admitted for acute inpatient rehabilitation versus a lower level of care in order to monitor for any postsurgical complications and to maximize his function prior to returning home. He requires close medical monitoring, since he is at an increased risk for falls, DVTs, skin breakdown and infections. He requires 24 hour nursing care to assess his pain level, skin, bowel and bladder function, safety awareness, and judgment. He will be evaluated by Physical therapy and Occupational Therapy to improve his mobility and self-care to a modified independent level." Treater continues to state that the "patient requires moderate to maximal assistance with his ambulation, transfers, and activities of daily living." It appears this is a request for postoperative home health, which is supported by MTUS, given treater's discussion of patient's risk and medical necessity. However, treater has not specified number of hours per day in the request. MTUS states "no more than 35 hours per week." Therefore, this request IS NOT medically necessary.

**24 hr care giver:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 10/16/14 progress report provided by treating physician, the patient presents with right knee pain. The request is for 24 HR CARE GIVER. The patient is status post surgical repair of the right quadriceps tendon rupture 10/13/14. Patient's diagnosis on 10/16/14 includes acute postoperative pain, acute anemia secondary to postoperative blood loss, gait abnormality and imbalance, and debility and generalized weakness. Patient's medications include Norvasc, Colace, Lisinopril, Senokot, and Percocet. Per treater report dated 10/16/14, the patient was working as a security guard prior to injury on 10/08/14 and surgery 10/13/14. Per treater report dated 11/03/14, the patient "ambulates with a walker and with assistance. He is progressing in physical therapy although not yet weight bearing." Current work status was not provided. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker 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." Per progress report dated 10/16/14, treater states the patient "was given a knee immobilizer to the right lower extremity at all times. He was admitted for acute inpatient rehabilitation versus a lower level of care in order to monitor for any postsurgical complications and to maximize his function prior to returning home. He requires close medical monitoring, since he is at an increased risk for falls, DVTs, skin breakdown and infections. He requires 24 hour nursing care to assess his pain level, skin, bowel and bladder function, safety awareness, and judgment. He will be evaluated by Physical therapy and Occupational Therapy to improve his mobility and self-care to a modified independent level." Treater continues to state that the "patient requires moderate to maximal assistance with his ambulation, transfers, and activities of daily living." It appears this is a request for postoperative care giver service, which is supported by MTUS, given treater's discussion of patient's risk and medical necessity. However, treater has not specified the number of days in the requested 24 hours. MTUS states "no more than 35 hours per week." Therefore, this request IS NOT medically necessary.

**RN evaluation +3 RN/LPN visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on the 10/16/14 progress report provided by treating physician, the patient presents with right knee pain. The request is for RN EVALUATION +3 RN/LPN VISITS. The patient is status post surgical repair of the right quadriceps tendon rupture 10/13/14. Patient's diagnosis on 10/16/14 includes acute postoperative pain, acute anemia secondary to postoperative blood loss, gait abnormality and imbalance, and debility and generalized weakness. Patient's medications include Norvasc, Colace, Lisinopril, Senokot, and Percocet. Per treater report dated 10/16/14, the patient was working as a security guard prior to injury on 10/08/14

and surgery 10/13/14. Per treater report dated 11/03/14, the patient "ambulates with a walker and with assistance. He is progressing in physical therapy although not yet weight bearing." Current work status not provided. MTUS Guidelines page 51 has the following regarding home service, "Recommended only for otherwise recommended medical treatments for patients who are home-bound or a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include home maker 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." Per progress report dated 10/16/14, treater states the patient "was given a knee immobilizer to the right lower extremity at all times. He was admitted for acute inpatient rehabilitation versus a lower level of care in order to monitor for any postsurgical complications and to maximize his function prior to returning home. He requires close medical monitoring, since he is at an increased risk for falls, DVTs, skin breakdown and infections. He requires 24 hour nursing care to assess his pain level, skin, bowel and bladder function, safety awareness, and judgment. He will be evaluated by Physical therapy and Occupational Therapy to improve his mobility and self-care to a modified independent level." Treater continues to state that the "patient requires moderate to maximal assistance with his ambulation, transfers, and activities of daily living." It appears this is a request for postoperative home nursing care, which is supported by MTUS. Given treater's discussion of patient's risk, the request for 3 sessions would be reasonable. However, treater has not provided number of hours in the request. Therefore, the request IS NOT medically necessary.

**Physical therapy evaluation +PT/PTA treatment visits: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg (Acute & Chronic) Chapter under Physical medicine.

**Decision rationale:** Based on the 10/16/14 progress report provided by treating physician, the patient presents with right knee pain. The request is for PHYSICAL THERAPY EVALUATION +PT/PTA TREATMENT VISITS. The patient is status post surgical repair of the right quadriceps tendon rupture 10/13/14. Patient's diagnosis on 10/16/14 includes acute postoperative pain, acute anemia secondary to postoperative blood loss, gait abnormality and imbalance, and debility and generalized weakness. Patient's medications include Norvasc, Colace, Lisinopril, Senokot, and Percocet. Per treater report dated 10/16/14, the patient was working as a security guard prior to injury on 10/08/14 and surgery 10/13/14. Current work status not provided. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines 'Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Quadriceps tendon rupture (ICD9 727.65) Post-surgical treatment: 34 visits over 16 weeks" Per progress report dated 10/16/14, treater states the patient "was given a knee immobilizer to the right lower extremity at all times. He was admitted for acute inpatient rehabilitation versus a lower level of care in order to monitor for any postsurgical complications and to maximize his function prior to returning home. He requires close medical monitoring, since he is at an

increased risk for falls, DVTs, skin breakdown and infections. He requires 24 hour nursing care to assess his pain level, skin, bowel and bladder function, safety awareness, and judgment. He will be evaluated by Physical therapy and Occupational Therapy to improve his mobility and self-care to a modified independent level." Per post UR dated RFA, the request is for 6 sessions of physical therapy. The request for evaluation and 6 visits appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary. ODG-TWC, Knee & Leg (Acute & Chronic) Chapter under Physical medicine treatment states: "ODG Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Quadriceps tendon rupture (ICD9 727.65)Post-surgical treatment: 34 visits over 16 weeks." Per progress report dated 10/16/14, treater states the patient "was given a knee immobilizer to the right lower extremity at all times. He was admitted for acute inpatient rehabilitation versus a lower level of care in order to monitor for any postsurgical complications and to maximize his function prior to returning home. He requires close medical monitoring, since he is at an increased risk for falls, DVTs, skin breakdown and infections. He requires 24 hour nursing care to assess his pain level, skin, bowel and bladder function, safety awareness, and judgment. He will be evaluated by Physical therapy and Occupational Therapy to improve his mobility and self-care to a modified independent level." Per post UR dated RFA, the request is for 6 sessions of physical therapy. The request for evaluation and 6 visits appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.