

Case Number:	CM13-0034786		
Date Assigned:	12/11/2013	Date of Injury:	11/24/2011
Decision Date:	02/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old female who reported an injury on November 24, 2011. The mechanism of injury was continuous trauma related to job duties. The patient has a history of multiple prior industrial injuries since 2002. Beginning in 2011, the patient was treated for left carpal tunnel syndrome and received a release surgery on May 12, 2011. The patient continued to complain of pain in her neck and received an MRI of the cervical spine, right shoulder, and left knee, as well as electrodiagnostic studies of the bilateral upper extremities. An unofficial result of the cervical MRI revealed spondylosis. The unofficial results of the right shoulder MRI revealed lateral downsloping acromion, hypertrophy of the acromioclavicular joint indenting the supraspinatus muscle, prominent coracoacromial ligament and spur in the inferior aspect of the acromion abutting the supraspinatus at the musculotendinosis junction. The MRI of the left knee did not reveal any abnormality. The patient has had multiple body complaints and multiple clinical visits, and is noted to have underlying pathologies of degenerative arthritis and diabetes. The clinical notes provided for review note that she has been permanent and stationary since 2012. She is not noted to have any periods of unemployment and is currently working with modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Blue Cross/Blue Shield Medical Policy; and the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: The California MTUS Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The most recent primary treating physician's progress report (PR-2) provided for review is dated June 14, 2013, and noted the patient had cervical spine range of motion values to include flexion of 30/50, extension 20/80, right rotation 40/80, left rotation 45/80, right lateral bending at 10/45, and left lateral bending at 15/45. She is also noted to have positive Spurling's and Hoffmann's tests bilaterally, upper extremity weakness of 4/5, and upper extremity paresthesias, not specified. She is also noted to have a pain level of 5/10 with radiation to bilateral upper extremities and left knee and ankle pain associated with burning and weakness. Guidelines recommend physical therapy to treat unspecified myalgia and myositis, as well as neuralgia and neuritis. Although 8 to 10 visits are recommended in the treatment of these conditions, the current request does not specify the length of therapy or body part to be treated, medically necessity cannot be determined. As such, the request for physical therapy is not medically necessary and appropriate.

home health care assistant: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 91, Chronic Pain Treatment Guidelines Home Health services Page(s): 51.

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

Decision rationale: The California MTUS Guidelines recommend home health services for otherwise homebound patients for no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, or personal care when this is the only care that is needed. The Qualified Medical Examination performed on July 15, 2013 stated that the patient only reports moderate difficulty when walking greater than 1 block, sitting or standing for greater than half an hour, or traveling in a car. She reported severe interference when trying to lift items greater than 10 pounds. The PR-2 dated June 14, 2013 did not detail any difficulties in regard to performing activities of daily living. Also the patient is noted to be working full-time and is therefore not homebound. As such, the request for home health care assistant is not medically necessary and appropriate.