MAXIMUS Federal Services

Case Number:	CM14-0214021		
Date Assigned:	12/31/2014	Date of Injury:	02/11/1996
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old male who reported an injury on 02/11/1998. The mechanism of injury reportedly occurred when the injured worker fell off of a ladder. His diagnoses include lumbar radiculopathy with degenerative disc disease, right knee medial meniscus tear, pain disorder with psychological and medical features, and depressive disorder unspecified. His past treatments have included a right rotator cuff repair, a left shoulder surgery, lumbar epidural steroid injections, and a right medial branch block at L3-5.Past treatment included completed 6 sessions of physical therapy for low back. Pertinent diagnostic studies included an MRI of the lumbar spine without contrast performed on 12/05/2014 with findings of prominent osteophytes views are partially fused lumbar spine anteriorly; despite multilevel degenerative disc and facet disease, there is no definite neural impingement. His pertinent surgical history includes a left shoulder rotator cuff repair performed on 03/18/2011. The injured worker presented on 11/17/2014 with complaints of lower backache, left shoulder, and left knee pain. He rated his pain 7/10 with medication and 9/10 without medications. He denied any new injuries since his last visit and stated that his activity level had decreased. He further reported that he had difficulty grasping for and holding onto items. The injured worker further noted that his low back pain had increased. Upon physical examination of the cervical spine, range of motion was restricted upon flexion to 35 degrees, extension was at 35 degrees, and pain. Upon examination of the paravertebral musculature, tenderness and tight muscle band was noted bilaterally. Tenderness was noted at the paracervical muscles and trapezius muscles. Upon physical examination of the lumbar spine, range of motion was restricted upon flexion to 25 degrees;

extension was limited to 15 degrees with pain. Upon palpation of the paravertebral musculature, hypertonicity, spasm, tenderness, and tight muscle band was noted bilaterally. Spinous process tenderness was noted at L4 and L5. Lumbar facet loading was positive bilaterally. Tenderness was noted over the posterior iliac spine bilaterally and the sacroiliac spine. Upon examination of the deep tendon reflexes, knee jerk was 2/4 bilaterally, ankle jerk was on the right side, and left ankle jerk was absent. Straight leg raise test was negative. Positive Hoffmann's was noted on the right. Motor strength of the shoulder upon external rotation was 5/5 on the right and 4/5 on the left, shoulder internal rotation was 5/5 on the right and 4/5 on the left, EHL was 4/5 on the right and 5/5 on the left, ankle dorsiflexors were 5/5 bilaterally, knee extensors were 5/5 bilaterally, knee flexors were 5/5 bilaterally, hip flexors were 5/5 bilaterally, abductor pollicis brevis were 5/5 bilaterally, and abductor digiti minimi were 5/5 bilaterally. His current medication regimen included Viagra, Colace, Lexapro, OxyContin, Norco, and Senokot since at least 11/17/2014. Treatment plan included an MRI of the lumbar spine for evaluation of increased low back pain with frequent falls, blood work for liver and kidney function tests, a request for home health nurse fall risk assessment, and a rerequest for additional physical therapy. The rationale for the request was that the injured worker had reported several falls and limited space to ambulate with his assistive devices and further sessions of physical therapy recommended by therapist for optimal improvement and rehabilitation for further re-education for home exercise program for bilateral lower extremities, persistent weakness, and frequent falls reported by injured worker. A Request for Authorization form dated 11/24/2014 was submitted within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for three weeks for the cervical and lumbar spine, and the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for physical therapy twice a week for 3 weeks for the cervical and lumbar spine and the left knee is not medically necessary. The injured worker has cervical and lumbar pain. The California MTUS Guidelines recommend physical therapy and is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Additionally, the guidelines state that there are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) as time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) the exclusive use of cold passive care is not recommended; (3) home programs should be initiated with the first therapy session and must include ongoing assessments of compliance, as well as upgrades to the program; (4) use of self directed home therapy would facilitate the fading of treatment frequency, from several visits per week at the initiation of

therapy to much less towards the end; (5) patients should be formally assessed after a "6 visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); (6) when treatment duration and/or number of visits exceeds the guideline, the exceptional factors should be noted. The documentation submitted for review indicated that the injured worker had received previous physical therapy for the lumbar spine. However, there was no objective functional improvement from previous physical therapy. Without evidence of objective functional improvement from the 6 previous physical therapy visits for the lumbar spine, the request in its entirety does not support the evidence based guidelines. As such, the request for Physical Therapy is medically necessary.

Home Nurse Risk Assessment/Evaluation of home environment for fall risks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for home nurse risk assessment/evaluation of home environment for fall risk is not medically necessary. The injured worker has cervical and lumbar pain. The California MTUS Guidelines recommend home health services only for patients who are homebound. The documentation submitted for review provided no indication that the injured worker was homebound. Additionally, the documentation indicated that the injured worker was ambulatory; furthermore, using a walker. As such, the request as submitted does not support the evidence based guidelines. Given the above, the request for Home Nurse Risk Assessment/Evaluation of home environment for fall risk is not medically necessary.