

<b>Case Number:</b>	CM15-0003266		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/29/1994
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 72 year old female who sustained an industrial injury on January 1, 1994. She has reported lower back pain and has been diagnosed with lumbar fracture, bilateral carpal tunnel syndrome, and osteoporosis. Treatment to date has included medical imaging, multiple surgeries, medications, and physical therapy. Currently the injured worker has decreased range of motion of the cervical spine, wrist, tenderness to palpation of the paralumbar region. On December 30, 2014 Utilization review non certified Physical therapy 2 x 4 for neck and low back, Occupational therapy for neck and low back, and a caregiver 2 hours a day x 7 days a week citing MTUS treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 X 4 for Neck and Low Back:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** MTUS states that active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. MTUS and ODG guidelines recommend 10 physical therapy visits over 8 weeks for medical management of Lumbar sprains and strains and intervertebral disc disorders without myelopathy. As time goes, one should see an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. The injured worker has history of chronic neck and low back pain, with physical disabilities affecting mobility and performance of activities of daily living independently. Documentation indicates that the injured worker has had some improvement in strength and mobility with recent physical therapy. There is no detail provided with regards to the number of sessions attended to date. Given that the injured worker has reported some improvement in physical function with an initial course of physical, medical necessity for additional physical therapy to maintain improvement levels has been established. Per guidelines, the request for PT 2 X 4 for Neck and Low Back is medically necessary.

**OT 2 X 4 for Neck and Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

**Decision rationale:** Per MTUS and ODG, the use of active treatment, including intensive physical training, versus extensive use of passive modalities, is associated with substantially better clinical outcomes. As time goes, there should be an increase in the active regimen of care or decrease in the passive regimen of care and a fading of treatment of frequency. The injured worker is reported to be wheelchair bound, with physical disabilities affecting mobility and performance of activities of daily living independently. Documentation indicates that the injured worker has undergone Occupational therapy and most recently, was prescribed a resting hand splint. However, there is no report provided to detail the extent of treatment to date, or effect on the injured worker's function. Given that the injured worker has had an initial course of occupational therapy and there is lack of information demonstrating a significant improvement in physical function, medical necessity for additional therapy has not been established. Per guidelines, the request for OT 2 X 4 for Neck and Low Back is not medically necessary.

**Home Safety/Accessibility Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Consultation, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 ? 99. Decision based on Non-MTUS Citation Physical Therapy Chapter

**Decision rationale:** Documentation shows that the injured worker is wheelchair bound, with complaints of chronic neck and low back pain, with physical disabilities affecting mobility and performance of activities of daily living independently. Furthermore, it is noted that the injured worker is severely limited in transferring independently, subsequently being at risk for falling. Per guidelines, Home safety is reasonable and appropriate. The request Home Safety/Accessibility Evaluation is medically necessary.

**Nurse in Home Assessment:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Low Back Chapter, Home Health Services

**Decision rationale:** Per guidelines, Home health service is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. The injured worker is stated to be wheelchair bound with an indwelling Foley catheter, which would require intermittent nurse visits for assessment and care. The documentation provided supports that the condition of the injured worker and the complexity of the service requested requires the judgment, knowledge, and skills of a qualified licensed nurse. The request for Nurse in Home Assessment is medically necessary.

**Caregiver 2 hours a day x 7 days a week:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51. Decision based on Non-MTUS Citation Low Back Chapter, Home Health Services

**Decision rationale:** MTUS recommends home health services only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Documentation provided at the time of the requested caregiver hours under review indicates that the injured worker is unable to do her own grocery shopping, cook or get to the bathroom safely on her own and therefore has an indwelling Foley catheter. There is no indication the use of the catheter has been ineffective. Per guidelines, medical treatment does not include homemaker services such as shopping, cleaning, laundry, and personal care given by home health aides, including bathing, dressing, and using the bathroom when this is the only care needed. The request for caregiver 2 hours a day x 7 days a week is not medically necessary by MTUS.