

Case Number:	CM15-0115107		
Date Assigned:	06/23/2015	Date of Injury:	11/07/2005
Decision Date:	12/09/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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(n) 54 year old female, who sustained an industrial injury on 11-7-05. The injured worker was diagnosed as having status post right hip arthroplasty, status post cervical laminotomy and fusion at C3-C7, L4-L5 severe central canal stenosis, revision of left total hip arthroplasty and obesity. The physical exam (3-31-15 through 5-6-15) revealed mild swelling in the left hip, full range of motion in both hips and lumbar flexion was 40 degrees and extension was 10 degrees. Treatment to date has included physical therapy and aqua therapy for the left hip (number of sessions not provided) ending on 2-5-15. A request for additional physical therapy and aqua therapy x 8 sessions was made on 2-5-15. As of the PR2 dated 5-12-15, the injured worker reports low back pain that radiates to her legs and is unable to ambulate for any prolonged period of time. She also indicated difficulty with activities of daily living including bathing, dressing, cooking and cleaning and does not have anyone to assist her. Objective findings include bilateral hip flexion, internal and external range of motion is free of pain, lumbar flexion is 40 degrees, extension is 10 degrees and lateral bending is 30 degrees bilaterally. The treating physician requested aquatic therapy for the bilateral hips x 12 sessions, aquatic therapy for the bilateral lower extremities x 12 sessions, transportation on-call 24 hours per day, 7 days per week QTY 2016, aquatic therapy for the lumbar spine x 12 sessions and home health care 6 hours a day for 7 days a week QTY 504. On 5-19-15 the treating physician requested a Utilization Review for an RN evaluation, a psych evaluation, aquatic therapy for the bilateral hips x 12 sessions, aquatic therapy for the bilateral lower extremities x 12 sessions, transportation on-call 24 hours per day, 7 days per week QTY 2016, aquatic therapy for the

lumbar spine x 12 sessions and home health care 6 hours a day for 7 days a week QTY 504. The Utilization Review dated 6-1-15, non-certified the request for aquatic therapy for the bilateral hips x 12 sessions, aquatic therapy for the bilateral lower extremities x 12 sessions, transportation on-call 24 hours per day, 7 days per week QTY 2016, aquatic therapy for the lumbar spine x 12 sessions and home health care 6 hours a day for 7 days a week QTY 504. The request for an RN evaluation and a psych evaluation were not listed on the IMR application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy for the bilateral hips QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this therapy for this patient. Regarding aquatic therapy, MTUS guidelines state that it is: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Regarding this patient's case, there is no documentation of failed land based therapy. Therefore, based on the submitted medical documentation, medical necessity for aquatic therapy for the bilateral hips has not been established, therefore is not medically necessary.

Aquatic Therapy for the lower extremities QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this therapy for this patient. Regarding aquatic therapy, MTUS guidelines state that it is: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Regarding this patient's case, there is no documentation of failed land based therapy. Therefore, based on the submitted medical documentation, medical necessity for aquatic therapy for the lower extremities has not been established, therefore is not medically necessary.

Transportation on call 24 hours per day 7 days per week (hours) QTY: 2016.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Transportation (to & from appointments).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The MTUS guidelines do not address the topic of transportation. The Official Disability Guidelines state transportation to and from appointments is recommended for medical necessary (transportation to appointments in the same community for patients with disabilities preventing them from self-transport). As per the clinical notes submitted, there is no documentation of a significant disability preventing the patient from self-transport, either private or public transportation. There is no indication that this patient is unable to take public transportation or have assistance with a family member or outside resource. Therefore, based on the submitted medical documentation, the request for 24 hr available transportation is not medically necessary.

Aquatic Therapy for the lumbar spine QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this therapy for this patient. Regarding aquatic therapy, MTUS guidelines state that it is: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Regarding this patient's case, there is no documentation of failed land based therapy. Therefore, based on the submitted medical documentation, medical necessity for aquatic therapy of the lumbar spine has not been established, therefore is not medically necessary.

Home Health Care 6 hours a day for 7 days a week QTY: 504.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of Home Health for this patient. The clinical records submitted do not support the fact that this patient would require Home Health nursing services for no more than 35 hours per week. The California MTUS Guidelines state that Home Health Services are recommended only for medical treatment of patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker 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. This patient has been requested to receive 42 hr per week of home care. The medical documentation indicates that this patient has also requested domicile duties as part of home care services. Therefore, based on the submitted medical documentation, the request for a home health service is not medically necessary.