

Case Number:	CM15-0119854		
Date Assigned:	06/30/2015	Date of Injury:	07/29/2013
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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, Indiana, 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 53 year old male, who sustained an industrial injury on 7/29/2013. The injured worker was diagnosed as having low back pain and status post decompression L4-S1. Treatment to date has included diagnostics, lumbar spinal surgery on 2/26/2015, physical therapy, occupational therapy, home health visits, and medications. On 3/26/2015, the injured worker complained of low back pain and radiating leg pain. He was documented as doing well and slowly increasing activities. He was improving as expected. The treatment plan included additional outpatient home health visits x 10 and additional physical and occupational therapy to the low back x 6. The rationale was to continue with home visits until outpatient authorized. A skilled nursing visit note was found for 4/17/2015, noting a fall without injuries. A surgical scar was documented to the lower back. No wound care was described. At this time he was documented as homebound, noting a considerable taxing effort to leave home. He was instructed to continue with assistive walking device and rise and move slowly. A discharge plan from nursing services was discussed. He was documented as independent with activities of daily living, meeting all centered goals, on 4/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient additional health visits (10): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, web-based edition.
http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Home health services.

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient additional health visits #10 is not medically necessary. Home health services are recommended on a short-term basis following major surgical procedures or inpatient hospitalization to prevent hospitalization or to provide longer-term in-home medical care and domestic care services for those whose condition that would otherwise require inpatient care. Home health services include both medical and nonmedical services deemed to be medically necessary for patients who are confined to the home (homebound) and to require one or all of the following: skilled care by a licensed medical professional; and or personal care services for tasks and assistance with activities of daily living that do not require skilled medical professionals such as bowel and bladder care, feeding and bathing; and or domestic care services such as shopping, cleaning and laundry. Justification for medical necessity requires documentation for home health services. Documentation includes, but is not limited to, the medical condition with objective deficits and specific activities precluded by deficits; expected kinds of services required for an estimate of duration and frequency; the level of expertise and professional qualification; etc. In this case, the injured worker's working diagnoses or low back pain; and status post decompression L4 - S1. In the postoperative period, the injured worker (according to a physical therapy progress note dated June 16, 2015) is homebound. Provider progress notes do not contain subjective and objective clinical findings. The specific progress note dated May 29, 2015 (request for authorization is June 2, 2015) contains the date, a diagnosis, the carrier, the name of the provider and the treatment plan (return date). All provider progress notes are constructed the same. There are no subjective complaints or objective clinical findings in the medical record. There is no documentation indicating the injured worker continues to be homebound. According to the physical therapy progress note dated June 16, 2015, the goals were met for independent with home exercise program and ambulates greater than 500 feet with an assistive device. There is no indication the injured worker remains homebound. Home healthcare services mandate the injured worker be homebound and require skilled care or personal care services. There is insufficient documentation stating the injury worker remains homebound. Consequently, absent clinical documentation the injured worker remains homebound, outpatient additional health visits #10 is not medically necessary.

Physical therapy (6) to the low back: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 6 sessions to the low back is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses or low back pain; and status post decompression L4 - S1. In the postoperative period, the injured worker (according to a physical therapy progress note dated June 16, 2015) is homebound. Provider progress notes do not contain subjective and objective clinical findings. The specific progress note dated May 29, 2015 (request for authorization is June 2, 2015) contains the date, a diagnosis, the carrier, the name of the provider and the treatment plan (return date). All provider progress notes are constructed the same. There are no subjective complaints or objective clinical findings in the medical record. There is no documentation indicating the injured worker continues to be homebound. There is no documentation indicating the injured worker continues to be homebound. According to the physical therapy progress note dated June 16, 2015, the goals were met for independent with home exercise program and ambulates greater than 500 feet with an assistive device. There is no indication the injured worker remains homebound. A physical therapy progress note dated June 8, 2015 states the injured worker is walking 30 minutes a day outside without his walker and also performs 30 minutes of exercise. The injured worker is independent with sitting and standing and transferring and toileting. The injured worker ambulates 500+ feet without an assistive device. Home healthcare services mandate the injured worker be homebound and require skilled care or personal care services. There is insufficient documentation stating the injury worker remains homebound. The documentation does not state the total number of physical therapy sessions the injured worker received to date. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Overall, there is insufficient information in the medical record indicating additional physical therapy is warranted. There is no clinical rationale for additional physical therapy in the medical record. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, outpatient physical therapy (six sessions) to the low back are not medically necessary.

Occupational therapy (6) to the low back: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy six sessions to the low back is not medically

necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses or low back pain; and status post decompression L4 - S1. In the postoperative period, the injured worker (according to a physical therapy progress note dated June 16, 2015) is homebound. Provider progress notes do not contain subjective and objective clinical findings. The specific progress note dated May 29, 2015 (request for authorization is June 2, 2015) contains the date, a diagnosis, the carrier, the name of the provider and the treatment plan (return date). All provider progress notes are constructed the same. There are no subjective complaints or objective clinical findings in the medical record. There is no documentation indicating the injured worker continues to be homebound. There is no documentation indicating the injured worker continues to be homebound. According to the physical therapy progress note dated June 16, 2015, the goals were met for independent with home exercise program and ambulates greater than 500 feet with an assistive device. A physical therapy progress note dated June 8, 2015 states the injured worker is walking 30 minutes a day outside without his walker and also performs 30 minutes of exercise. The injured worker is independent with sitting, standing, transferring and toileting. The injured worker ambulates 500+ feet without an assistive device. There is no indication the injured worker remains homebound. Home healthcare services mandate the injured worker be homebound and require skilled care or personal care services. There is insufficient documentation stating the injury worker remains homebound. The documentation does not state the total number of physical therapy sessions the injured worker received to date. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Overall, there is insufficient information in the medical record indicating additional physical therapy is warranted. There is no clinical rationale for additional physical therapy in the medical record. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, outpatient physical therapy (six sessions) to the low back are not medically necessary.