

<b>Case Number:</b>	CM15-0170010		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	01/22/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 48 year old female with a date of injury of January 22, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, bilateral thoracic outlet syndrome, and progressive numbness in both hands. The documentation shows that the injured worker underwent cervical spine fusion on July 17, 2015. A surgical progress note dated July 30, 2015 indicates that the injured worker complains of right shoulder blade pain that was better since the surgery. The physical exam reveals neck incisions that were clean, dry, and intact, decreased grip strength on the right, right trigger finger, equal and symmetrical strength of the bilateral biceps, triceps, and deltoids, and slightly hyper-reflexive reflexes "which may be her baseline". A report of phone call dated July 31, 2015 notes that the injured worker called and canceled her appointment with the primary treating physician for that day because of severe pain. The primary treating physician documented (July 31, 2015) that the injured worker stated she had "Upper back pain that has been worse, since surgery", that there were "New symptoms of numbness on top of her head, twitching of the right lower lip, and difficulty swallowing", and that she was having difficulty with activities of daily living, standing, weight bearing, and walking. No physical examination was documented for the date of service of July 31, 2015. Treatment has included cervical spine fusion and pain medications (postoperative medication list was not documented in the medical record). The medical record indicates (July 31, 2015) that the injured worker was unable to drive for four months following surgery. The original utilization review (August 17, 2015) non-certified a request for three sessions of home health physical therapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health physical therapy x3:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Home Health Services.

**Decision rationale:** MTUS Guidelines mentions home health services, but the MTUS Guidelines do not address the medical necessity of this request in a manner that is consistent with updated ODG Guidelines or Medicare Standards. Updated ODG Guidelines consider home health services as medically necessary when an individual is incapable of travel and there is medical necessity for a professional service. This individual qualifies of the requested services per these Guideline standards. It is well documented that she cannot reasonably travel and post operative physical therapy is considered medically necessary. The request for Home health physical therapy x3 is supported by Guidelines and is medically necessary.