

<b>Case Number:</b>	CM15-0177715		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/21/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35-year-old male worker who was injured on 7-21-2015. The medical records indicated the injured worker (IW) was treated for status post unilateral below knee amputation (BKA); inadequate pain control; unilateral complete BKA. In the progress notes (8-5-15) the IW reported his pain was well controlled with Percocet and MS Contin. His condition was stable. He had met his functional goals and was independent with activities of daily living, except needing assistance with toilet and bathing transfers. He could ambulate 150 feet with crutches. He was preparing for his prosthesis. The physical examination (8-5-15) showed the IW's left BKA incision was clean and dry, without evidence of infection. The neuropsychiatric notes (8-3-15) stated the IW was a recovering addict with a history of emotional instability and was now having flashbacks about his accident; he was experiencing acute stress disorder. His treatments included physical therapy, occupational therapy and psychotherapy. Physical therapy discharge recommendations (8-5-15) included 24-7 supervision and home exercise program. He lived with his mother, and she was taking time off work to assist in his care at home. A Request for Authorization was received for home and community program to include PT, OT, SW, CC and NP up to 20 hours per week for eight (8) weeks for dates of service 8-10-15 to 8-24-15. The Utilization Review on 8-10-15 modified the request for home and community program to include PT, OT, SW, CC and NP up to 20 hours per week for eight (8) weeks, to allow 10 hours per week of interdisciplinary rehabilitation services for two (2) weeks per Clinical Treatment Guidelines - Crushing Injury of the extremity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home and Community Program to include PT, OT, SW, CC, NP up to 20 hours per week for 8 weeks (dos 8/10/15-8/24/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical treatment guidelines.

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

**Decision rationale:** The patient presents with left lower extremity amputation due to crush injury. The current request is for Home and community program to include PT, OT, SW, CC, NP up to 20 hours per week for 8 weeks. The patient is status post left below-the-knee amputation on 07/23/2015. The treating physician's report dated 07/24/2015 (264B) states, "The patient will require intervention from multiple therapy disciplines which will include Physical Therapy, Occupational Therapy as well as Rehabilitation Nursing. Physical Therapy will work with mobility, strength and endurance. Occupational Therapy will work with activities of daily living retraining. Rehabilitation Nursing to evaluate and assess bowel and bladder, skin integrity as well as medication management." The MTUS Guidelines page 51 on home health services, recommends this service for 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, laundering, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The DWC post-surgical treatment guidelines allow for 48 visits of physical medicine over a period of 6 months. No home health services reports were made available. The 08/5/2015 (264B) inpatient rehabilitation discharge summary notes that the IW is modified independent in all aspects. His bed, chair, wheelchair transfers requires minimal assistance. In this case, the IW has already received 2 weeks of inpatient rehabilitation (from 7/24-8/5/2015). This is an equivalent of 12 visits of PT and 12 visits of OT. The current request for 20 hours per week for 8 weeks exceeds the post-surgical guidelines for amputation. Using a conservative estimate of 2 hours per day of PT and 2 hours per day of OT 3 days per week results in an additional 48 visits of physical medicine per week. The current request is not medically necessary.