

<b>Case Number:</b>	CM15-0179526		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/06/2003
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Emergency 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 69 year old male who sustained an industrial injury on 06-06-2003. Current diagnoses include failed back syndrome, status post intrathecal morphine pump placement, status post total knee arthroplasty right and left knee, status post intrathecal pump removal, lumbar spine sprain-strain, herniated nucleus pulposus with symptoms of radiculopathy, lumbar spine hardware removal, symptoms of anxiety and depression, severe degenerative joint disease with avascular necrosis of femoral head, both hips, and symptoms of insomnia. Report dated 07-08-2015 noted that the injured worker presented status post left hip arthroplasty, with complaints of pain in the lumbar spine, left hip, intense left knee pain, and insomnia. Pain level was 8 (left knee) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-08-2015 revealed decreased range of motion in the right hip, left hip, lumbar spine, and left knee, pain with range of motion in the right hip, left hip, and left knee, and tenderness to palpation in the lumbar spine and left knee. Previous treatments included medications, surgical interventions, diagnostics, and intrathecal pump placement and removal. The treatment plan included requests for whole body scan and gallium scan, second opinion consult to discuss bone scan results, home health care to assist the patient with activities of daily living, hinged knee brace, physical therapy for strength and increasing range of motion. Request for authorization dated 07-08-2015, included requests for physical therapy left hip-knee and lumbar spine, second opinion to review bone scan, whole body scan, gallium scan, and home health care 6 hours a day x 7 days a week. The utilization review dated 08-13-2015, non-certified the request for home health care 6 hours a day x 7 days a week, second opinion to review bone scan, whole body scan, and gallium scan, modified the request for physical therapy left hip-knee and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home health care 6 hours a day x 7 days a week Qty: 8.00:** Upheld

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

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

**Decision rationale:** The request is for home health services to aid in care. The MTUS and ACOEM guidelines are silent regarding this topic. The ODG guidelines state the following: "Recommended on a short-term basis following major surgical procedures or in-patient hospitalization, to prevent hospitalization, or to provide longer-term in-home medical care and domestic care services for those whose condition is such that they would otherwise require inpatient care. Home health care is the provision of medical and other health care services to the injured or ill person in their place of residence. Home health services include services deemed to be medically necessary for patients who are confined to the home (homebound) and who require: (1) Skilled care by a licensed medical professional for tasks including, but not limited to, administration of intravenous drugs, dressing changes, occupational therapy, physical therapy, and speech-language pathology services; with or without additionally requiring (2) Personal care services for tasks and assistance with activities of daily living that do not require skills of a medical professional, such as bowel and bladder care, feeding, bathing, dressing and transfer and assistance with administration of oral medications; and/or (3) Domestic care services such as shopping, cleaning, and laundry that the individual is no longer capable of performing due to the illness or injury that may also be medically necessary in addition to skilled and/or personal care services. Services described under (2) and (3) should be covered only when (1) is justified. An employer or their insurer shall not be liable for household tasks the injured worker's spouse or other member of the injured worker's household performed prior to the injury free of charge. (CMS, 2015) Domestic and personal care services do not require specialized training and do not need to be performed by a medical professional. (ACMQ, 2005) (Ellenbecker, 2008) See also Skilled nursing facility (SNF) care." As indicated above, home health is indicated on a short-term basis following major surgical procedures or hospitalization. It is medically necessary for those that are homebound and require skilled or personal care services. In this case, the patient does not meet the criteria necessary. As such, the request is not medically necessary.

**Physical therapy left hip/knee and lumbar spine Qty: 12.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7. Page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic

exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. The guidelines state the following: Low back: Recommended as an option. Therapeutic care Trial of 6 visits over weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care; Not medically necessary. Recurrences/flare-ups; Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. In this case, the patient would benefit from an initial trial of 6 visits. With evidence of functional improvement, a total of up to 18 visits over 6-8 weeks is indicated. The number of treatments requested initially is not supported by the guidelines. As such, the request is not medically necessary.

**Second opinion to review bone scan Qty: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7. Page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/Office visits.

**Decision rationale:** The request is for a specialty consultation. The MTUS guidelines are silent regarding this issue. The ODG state the following: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (Dixon, 2008) (Wallace, 2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical /

Occupational therapy. See also Telehealth. In this case, the request is not medically necessary. This is secondary to poor documentation as to the reasoning for the visit and consultation. There is inadequate discussion of the specific issue requiring further evaluation and assessment.

**Whole body scan Qty: 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (lumbar & thoracic)/bone scan.

**Decision rationale:** The request is for a bone scan. The official disability guidelines state the following regarding this topic: Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. In this case, a bone scan is not indicated. This is secondary to poor documentation of one of the qualifying factors as listed above. As such, the request is not medically necessary.

**Gallium scan Qty: 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (lumbar & thoracic)/bone scan.

**Decision rationale:** The request is for a bone scan. The official disability guidelines state the following regarding this topic: Not recommended, except for bone infection, cancer, or arthritis. (deVlam, 2000) (Littenberg, 1995) (ACR, 2000) [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma. In this case, a bone scan is not indicated. This is secondary to poor documentation of one of the qualifying factors as listed above. Pending further information as to the reason for the study, the request is not medically necessary.