

Case Number:	CM15-0026715		
Date Assigned:	02/19/2015	Date of Injury:	11/12/2002
Decision Date:	06/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old woman sustained an industrial injury on 11/12/2002. The mechanism of injury is not detailed. Current diagnoses include shoulder impingement, knee tendonitis/bursitis, elbow tendonitis/bursitis, lumbosacral radiculopathy, and myalgia and myositis. Treatment has included oral medications, CPM machine, and surgical intervention. Physician notes on a PR-2 dated 2/5/2015 show continued pain and stiffness post-operatively. Recommendations include home health aide for four hours per day, seven days per week for four weeks and out-patient post-operative physical therapy, ice, pain medication, and urine drug screen. On 2/9/2015, a letter was written by the spine specialists appealing the non-certification of inpatient rehabilitation stating that the worker may receive the 12 sessions of physical therapy that are reasonable while inpatient, she is significantly debilitated given her multiple orthopedic complaints and surgeries, would have medication management, and has difficulty with her activities of daily living including hygiene. On 2/2/2015, Utilization Review evaluated a prescription for inpatient rehabilitation that was submitted on 2/12/2015. The UR physician noted that clarification is needed regarding the duration of rehabilitation requested. Further, there is no documentation submitted that necessitates inpatient versus outpatient therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Rehabilitation: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Inpatient rehabilitation, skilled nursing facility.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested services. Per the Official Disability Guidelines section on inpatient rehabilitation post surgery, it is recommended as an option and the length of stay is dependent on the patient's degree of functional limitation and ability to participate with rehabilitation and dependent on type of surgery. The length of inpatient rehabilitation is not specified and therefore cannot be certified.

Home Health Care: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Page(s): 53.

Decision rationale: The California chronic pain medical treatment guideline on home health services states: Home health services. Recommended only for otherwise recommended medical treatment for patients who are home bound, 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. (CMS, 2004) Home health services are recommended for patients who are home bound. The documentation states the patient has significant conditions that make the patient homebound and the patient is post surgery. Therefore the request is certified.