

Case Number:	CM15-0063008		
Date Assigned:	04/08/2015	Date of Injury:	11/01/2014
Decision Date:	06/05/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/02/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 29-year-old male who sustained an industrial injury on 11/01/2014. Diagnoses include large left holo-hemispheric acute cerebral hemorrhage, status post left hemicraniectomy, paraplegia and status post T11 to L3 posterior spinal fusion. Treatment to date has included brain surgery, spinal surgery and physical/occupational/speech therapy and rehabilitation services for activities of daily living (ADLs). Diagnostics included MRIs and CT scans. According to the Consultation for Physical Medicine and Rehabilitation dated 1/26/15, the provider reported the IW was confined to a wheelchair due to the effects of a traumatic brain injury and spinal cord injury. He was mostly dependent for his ADLs. Protective headgear was necessary due to the need for cranioplasty. He was being monitored for seizures. A request was made for a PCA (personal care assistant) four hours per day seven days per week for one month and re-evaluate; physical/occupational/speech therapy three to five times weekly depending on therapy need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patient-Controlled Analgesia (PCA) 4hrs/day 7 days a week x 1 month and re-eval: 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 9792.20

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9792.26 Page(s): 51 of 127, Home health services.

Decision rationale: Regarding the request for home health care, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and 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. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care,). In the absence of such documentation, the currently requested home health care is not medically necessary.

PT/OT/ST 3-5 x per week depending on therapy need: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20

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9792.26 Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Speech therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals to be done at home and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. It is noted the injured worker made significant progress in physical therapy in the beginning however later additional sessions of therapy did not show documentation of continued improvement. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary. Regarding the request for speech therapy, California MTUS does not address the issue. ODG states the criteria for speech therapy includes: A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; and The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Within the documentation available for review, there is no mention of an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. In the absence of such documentation, the currently requested speech therapy is not medically necessary.