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| Case Number: | CM15-0072322 | | |
| Date Assigned: | 04/22/2015 | Date of Injury: | 04/29/2010 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: New York
 Certification(s)/Specialty: Internal 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 40 year old female who sustained an industrial injury on 4/29/10. She has reported initial complaints of being dragged by a car working as a police officer when the driver tried to leave the scene. The diagnoses have included back injury pain, lumbar post laminectomy syndrome and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, diagnostics, surgery, activity modifications, physical therapy, occupational therapy, spinal cord stimulator trial, and epidural steroid injection (ESI). Currently, as per the physician progress note dated 2/20/15, the injured worker complains of dizziness, right leg, knee and bilateral low back and groin pain. There have been no changes since previous visit. She notes that the pain and spasticity was constant and aching. The pain in the last month was rated 4/10 on pain scale for least pain, 5/10 on average pain and worst pain was rated 8/10. Physical exam revealed she was using a four point cane and anxious and easily distracted. She complains of joint pain, back pain, anxiety and depression. The physician requested treatments included certified care giver for 128 hours, Physical therapy low back for 8 hours and Occupational therapy low back for 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Certified care giver (hours), 128 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

Decision rationale: The review of the medical documentation does not indicate that the patient is homebound. There is documentation of an unsteady gait but no documentation of the claimant's inability to perform her ADLs. Per California MTUS home health services are recommended treatment 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 such as 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. The treating provider has not specified any specific skilled care needs the claimant requires. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Physical therapy low back, 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Low back.

Decision rationale: According to the California MTUS Treatment guidelines, physical therapy (PT) is indicated for the treatment of musculoskeletal pain. Recommendations state that for most patients with more severe and sub-acute low back pain conditions, 8 to 12 visits over a period of 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assisting devices. In this case, the patient has completed previous physical therapy sessions. There is no documentation indicating that she had a defined functional improvement in his condition. There is no specific indication for the requested additional PT sessions. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Occupational therapy, low back, 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Occupational Therapy.

Decision rationale: Per ODG occupational therapy is indicated for the treatment of forearm, wrist and hand complaints. There is no indication for occupational therapy for the treatment of low back pain. There is no documentation the claimant has any forearm, wrist, or hand complaints related to her injuries. Medical necessity for the requested service is not established. The requested service is not medically necessary.