

Case Number:	CM15-0078171		
Date Assigned:	04/30/2015	Date of Injury:	04/01/2014
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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, Indiana, 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 (IW) is a 42 year old female who sustained an industrial injury on 04/01/2014. She reported low back and left leg pain and difficulty walking and standing. The injured worker was diagnosed as having lumbago, spondylosis of unspecified site, unspecified arthropathy lower leg, somatization disorder, paralysis unspecified, unspecified disorder bursae tendons shoulder, enthesopathy hip region. Treatment to date has included home care rehabilitation, psychological consultation, and medications. Currently, the injured worker complains of pain in the right shoulder, right low back and radiating pain, weakness of right lower extremity. The IW has been confined to home and is dependent for floor transfers, remains a high fall risk requiring moderate assistance for dressing her lower body and is dependent for home skills such as simple meal prep. She is now more than one month of rehab without significant improvement in independence. The ability to remain safely in her house is predicted. The treatment plan is for a transitional 2 weeks of rehabilitation without walls. She has had no diminishing report of need for in-home health support services and transfer to a skilled nursing facility (SNF) is a consideration. Continued hospital bed rental for 3 months and Rehab without walls for 15 days is requested until placement in a SNF is achieved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued hospital bed rental for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Chapter: Knee and Leg (updated 02/15/12).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, continue hospital bed rental for three months is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are lumbago; spondylosis of unspecified site; unspecified arthropathy lower leg; somatization disorder; and paralysis unspecified. The most recent progress note in the medical record is dated April 22, 2015. Subjectively, the injured worker has ongoing back pain, left hip pain and is confined to a hospital bed and wheelchair. Her symptoms are unchanged for an eight-month period she receives home healthcare four hours per day. According to the progress note the injured worker is evasive and not forthcoming regarding activities of daily living. The treatment plan, according to the treating provider, is to wean from home health while she pursues obtaining home health as necessary for her primary care physician. The injured worker will need to seek skilled nursing facility admission for management of her conversion disorder through the help of her primary care physician. The conversion disorder is not industrially related. Ideally the skilled nursing facility rehabilitation for management of the physical complaints related to the lumbar spine would be followed by assessment of the progress of physical complaints regarding the lumbar spine. The injured worker has shown no significant signs of improvement with rehabilitation as provided by rehabilitation without walls. In the absence of proper psychological therapy for physical complaints the injured worker will likely remain the same. The treating provider states in the absence of psychological intervention, combined with physical rehabilitation, the injured worker will remain at a plateau. The primary need for continued disability is secondary to conversion disorder. The conversion disorder is a non-industrial disorder. Based on clinical information in the medical record (treatment plan dated April 22, 2015), continued hospital bed rental for three months is not medically necessary.

Rehab without walls for 15 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32. Decision based on Non-MTUS Citation ODG, Head Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, rehabilitation without walls for 15 days is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbago; spondylosis of unspecified site; unspecified arthropathy lower leg; somatization disorder; and paralysis unspecified. The most recent progress note in the medical record is dated April 22, 2015. Subjectively, the injured worker has ongoing back pain, left hip pain and is confined to a hospital bed and wheelchair. Her symptoms are unchanged for an eight-month period she receives home healthcare four hours per day. According to the progress note the injured worker is evasive and not forthcoming regarding activities of daily living. The treatment plan, according to the treating provider, is to wean from home health while she pursues obtaining home health as necessary for her primary care physician. The injured worker will need to seek skilled nursing facility admission for management of her conversion disorder through the help of her primary care physician. The conversion disorder is not industrially related. Ideally the skilled nursing facility rehabilitation for management of the physical complaints related to the lumbar spine would be followed by assessment of the progress of physical complaints regarding the lumbar spine. The injured worker has shown no significant signs of improvement with rehabilitation as provided by rehabilitation without walls. In the absence of proper psychological therapy for physical complaints the injured worker will likely remain the same. The treating provider states in the absence of psychological intervention, combined with physical rehabilitation, the injured worker will remain at a plateau. The primary need for continued disability is secondary to conversion disorder. The conversion disorder is a non-industrial disorder. Based on clinical information in the medical record (treatment plan dated April 22, 2015), rehabilitation without walls for 15 days is not medically necessary.