

Case Number:	CM14-0172982		
Date Assigned:	10/23/2014	Date of Injury:	09/09/2003
Decision Date:	11/25/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in General Preventive Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee is a 70 year old female with date of injury of 9/9/2003. A review of the medical records indicate that the patient is undergoing treatment for cervicobrachial syndrome, lumbar radiculopathy, and chronic pain syndrome. Subjective complaints include continued pain in her neck and lower back with numbness, tingling, and radiation down the upper and lower extremities, respectively. Objective findings include limited range of motion of the cervical spine with tenderness to palpation of the paravertebrals; limited range of motion of the lumbar spine with positive straight leg raise; motor strength is 5/5 bilaterally in all extremities. Treatment has included Percocet, Neurontin, Wellbutrin, Zanaflex, and Ibuprofen. The utilization review dated 9/25/2014 non-certified home health care for 6 months and an occupational therapy evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Home Health Care for 6 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 (ODG), Knee & Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Home Health Services

Decision rationale: According to MTUS and Official Disability Guidelines Home Health Services section, "Recommended only for otherwise recommended medical 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 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." Given the medical records provided, employee does not appear to be "homebound", she is described as "semi-sedentary" in the AME. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as 'medical treatment', as defined in MTUS. As such, the current request for home health care for 6 months is not medically necessary.

One Occupational Therapy Evaluation: 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), Knee & Leg (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE)

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability". Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physician's state clearly outline what the patient's limitations are and make no indication that additional delineation of the patient's capabilities is necessary. As such, the request for an occupational therapy evaluation is not medically indicated. Therefore, this request is not medically necessary.