

Case Number:	CM13-0021104		
Date Assigned:	12/04/2013	Date of Injury:	10/28/2008
Decision Date:	02/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 physician 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:

The patient is a 53-year-old male who reported an injury on 10/28/2008, after an electronic door closed on his right leg. The injury resulted in medial and lateral partial meniscectomy and chondroplasty, followed by a full course of postsurgical physical therapy. The patient continued to have chronic pain that was treated with corticosteroid injections, a knee brace, and medications. The patient recently underwent a course of physical therapy in 04/2013 and 05/2013. The patient ultimately underwent spinal cord implantation in 07/2013. The patient's most recent clinical examination findings included pain described as 10/10 without medications, reduced to a 7/10 to 8/10 with medications, 1+ pitting edema in the right lower extremity with mild tenderness to palpation over the lumbar paraspinal musculature with assisted ambulation of a wheeled walker. The patient's diagnoses included lumbar degenerative disc disease, lumbar spinal stenosis, lumbar postlaminectomy pain syndrome, lumbar radiculopathy, right knee pain, neck pain, cervical degenerative disc disease, cervical spondylosis, carpal tunnel syndrome, status post carpal tunnel release, chronic pain syndrome, diabetes mellitus, and depressive disorder. The patient's treatment plan included continuation of medications, physical therapy, a power mobility device, and environmental modifications to the patient's home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xwk/6wks Qty:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Low Back; ODG Physical Yherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

Decision rationale: The requested physical therapy 2 times a week for 6 weeks for a total of 12 visits is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously received physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, a short course of physical therapy would be indicated. However, the requested 12 visits would be considered excessive. As such, the requested physical therapy 2 times a week for 6 weeks, for a quantity of 12 visits, is not medically necessary or appropriate.

Durable Medical Equipment (DME) Purchase Grab Bar at Toilet and Tub of 2 Bathrooms, Qty:3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Durable Medical Equipment (DME)

Decision rationale: The requested DME purchase of grab bars at the toilet and tub of 2 bathrooms, quantity 3, is not medically necessary or appropriate. Official Disability Guidelines do not recommend environmental changes to a patient's home as medically necessary. Official Disability Guidelines state, "medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." The clinical documentation submitted for review does not provide any exceptional factors to support the need to extend treatment beyond guideline recommendations. As such, the requested DME purchase, grab bars at toilet and tub of 2 bathrooms, quantity 3, is not medically necessary or appropriate.

DME Purchase Handrails Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter, Durable Medical Equipment (DME)

Decision rationale: The requested DME purchase of hand rails, quantity 1, is not medically necessary or appropriate. Official Disability Guidelines do not recommend environmental changes to a patient's home as medically necessary. Official Disability Guidelines state, "medical conditions that result in physical limitations for patients may require patient education and modifications to the home environment for prevention of injury, but environmental modifications are considered not primarily medical in nature." The clinical documentation submitted for review does not provide any exceptional factors to support the need to extend treatment beyond guideline recommendations. As such, the requested DME purchase hand rails, quantity 1, is not medically necessary or appropriate.