

Case Number:	CM13-0021537		
Date Assigned:	11/13/2013	Date of Injury:	09/27/2002
Decision Date:	08/07/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/09/2013

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 Occupational Medicine and is licensed to practice in California. 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:

The patient is a 63-year-old female who has submitted a claim for lumbar radiculopathy status post L3-4 lateral interbody fusion and right hip pain status post total right hip replacement associated with an industrial injury date of 09/27/2002. Medical records from 07/11/2012 to 05/12/2014 were reviewed and showed that patient complained of low back pain (grade not specified) and right hip pain (grade not specified). Physical examination of the lumbar spine revealed a well-healed incision scar with spasm of the lumbar paraspinal muscles upon palpation. Lumbar ROM was decreased in all planes of motion. Physical examination of the right hip revealed tenderness to palpation over the anterior and lateral hip. Pain was noted with internal and external rotation. CT scan of the lumbar spine dated 08/21/2012 revealed stable alignment of the lumbar spine and marked bilateral L3-4 neural foraminal stenosis. MRI of the lumbar spine dated 01/19/2012 revealed L3-4 mild central canal narrowing, psot traumatic changes at L4-5, and mild disc bulge at L2-3. MRI of the right hip dated 09/25/2013 revealed advanced multifocal degenerative changes of the right hip. Treatment to date has included total hip replacement surgery (02/04/2014), lumbar interbody fusion L4-5 (2006) and lateral interbody fusion L3-4 (06/06/2013), use of wheelchair and walker, physical therapy, home exercise, and pain medications. A utilization review, dated 08/08/2013, modified the request for 18 visits of physical therapy to 17 visits of physical therapy because an initial course of therapy of 17 visits of physical therapy should be used to determine the need for future care. Utilization review, dated 08/08/2013, denied the request for quad cane because she was prescribed a walker with a seat on 06/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN PHYSICAL THERAPY SESSIONS: Upheld

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

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

Decision rationale: The patient underwent lateral interbody fusion L3-4 (06/06/2013) and has completed 17 postoperative PT visits. CA MTUS 2009: 9792.24.3. Postsurgical Treatment Guidelines support 16 visits over 8 weeks following discectomy/laminectomy. According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already undergone at least 17 post-operative visits of physical therapy (08/13/2013 to 09/24/2013) with noted pain reduction and functional improvement. It is unclear as to why the patient cannot self-transition to HEP. The request likewise failed to mention the body part to be treated. Therefore, the request for eighteen physical therapy sessions is not medically necessary.

ONE QUAD CANE: 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, Walking Aids.

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

Decision rationale: The CA MTUS does not specifically address quad cane. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. Cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. The use of a cane and walking slowly could be simple and effective intervention strategies for patients with OA. The medical report dated 6/7/13 indicates that the patient uses a wheelchair both for traveling in a seated position as well as support for ambulation, A 8/22/13 physical therapy note stated that the patient was to get a quad cane today. This would appear to be the quad cane being requested by the provider. It is unreasonable to expect the patient to use a wheelchair when ambulating. Therefore, the request for ONE QUAD CANE is medically necessary.

