

Case Number:	CM13-0035943		
Date Assigned:	03/03/2014	Date of Injury:	04/18/2012
Decision Date:	04/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 49-year-old male with a date of injury 04/18/2012. The listed diagnosis per [REDACTED] are: (1) Abdominal hernia, (2) Severe (illegible). According to report dated 09/24/2013, the patient has subjective complaints of persistent bulging of the abdomen. Objective finding states, "able to stand with assistant, unable to walk. Abdominal is soft." The last sentence of the objective finding is illegible. Treater is requesting a CT scan of the abdomen. Report dated 08/20/2013 states patient has greater strength in his left leg. Patient is stating pain has decreased somewhat but he still has difficulty sleeping. Objective findings are illegible. This report states diagnoses are spinal abscess and deep vein thrombosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE SIXTEEN (16) PHYSICAL THERAPY FOR BILATERAL LOWER EXTREMITIES FOR GAIT TRAINING: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FOR POST OPERATIVE THERAPY, NECK & UPPER BACK..

Decision rationale: This patient presents with swollen abdomen and is status post fusion and corpectomy, irrigation and debridement of the cervical spine at C7 to T1 dated 05/16/2013. The treater is requesting 16 physical therapy sessions for the bilateral lower extremities for gait training. Report notes that this patient is wheelchair bound. QME report dated 10/23/2013 states patient has received physical therapy before and after surgery. "He had 12 sessions of therapy after surgery. The treatment did not help. He cannot walk." In this case, the 12 sessions that the patient had received after surgery was for the cervical spine. It is unclear as to the number of sessions the patient has received for the bilateral lower extremities, if any, as there are no discussions regarding physical therapy for the lower extremity. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis-type symptoms, 9 to 10 visits over 8 weeks. In this case, short course of 9-10 sessions for gait training and strengthening may be warranted. However, the treater is requesting 16 sessions which exceeds what is recommended by MTUS. Recommendation is for denial.

CT SCAN OF THE ABDOMEN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, HERNIA: IMAGING.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the (ODG) Official Disability Guidelines Guidelines under hernia chapter for CT scan states, "not recommended except in unusual situations. Imaging techniques such as MRI, CT scan and ultrasound are unnecessary except in unusual situations. Ultrasound (US) can

Decision rationale: This patient presents with complaints of abdomen pain and is status post fusion and corpectomy, irrigation and debridement of the cervical spine, C7 to T1, dated 05/16/2013. The treater is requesting a CT scan of the abdomen as the abdomen is swollen. The MTUS and ACOEM Guidelines do not discuss CT scan of abdomen. However, ODG Guidelines under hernia chapter for CT scan states, "not recommended except in unusual situations. Imaging techniques such as MRI, CT scan and ultrasound are unnecessary except in unusual situations. Ultrasound (US) can accurately diagnose groin hernias and this may justify its use in assessment of occult hernias." In this case, review of 7 progress reports has no discussions regarding any significant findings of the abdomen. There is one report dated 09/24/2013 that states the patient has a hernia and swollen abdomen. ODG guidelines do not support CT scan of abdomen for hernia, but U/S may be considered. Recommendation is for denial.