

Case Number:	CM13-0049072		
Date Assigned:	12/27/2013	Date of Injury:	03/28/1994
Decision Date:	06/06/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation, 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 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 73 year old male with date of injury 3/28/94. The treating physician report dated 10/16/13 indicates that the patient presents with mild low back pain (industrial) following thoracolumbar spine fusion and mild neck pain (non industrial). The current diagnoses are status post thoracolumbar spine fusion and cervical sprain, non industrial from car accidents. The utilization review report dated 10/31/13 denied the request for 12 pool therapy visits and transportation to and from doctor visits based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 pool therapy visits:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine, Page(s): 22,98-99.

Decision rationale: The patient presents with chronic thoracolumbar pain following surgical removal of hardware and re-arthrodesis of T10-L5 with bilateral foraminotomies at L4/5. The current request is for 12 pool therapy visits. In reviewing the utilization review report dated

10/31/13 the review physician notes that the patient was authorized for the requested 12 physical therapy sessions requested post surgically but 12 pool therapy visits were denied based there was no rationale provided to indicate the patient required reduced weight bearing or that the patient was obese. The California MTUS guidelines recommend aquatic physical therapy, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy." However, California MTUS recommends it where reduced weight bearing is desirable, for example, extreme obesity. In this patient, there is no documentation that reduced weight bearing is desirable. There does not appear to be any reason why the patient is not able to tolerate land-based exercises. Recommendation is for denial.

transportation to and from doctor visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

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

Decision rationale: The patient presents with minimal thoracolumbar pain following surgical removal of hardware and re-arthrodesis of T10-L5 with bilateral foraminotomies at L4/5 on 4/30/13. The current request is for transportation to and from doctor visits between 10/16/13 and 12/12/13. The treating physician report dated 10/16/13 states, "The patient is being recommended to be provided with transportation to and from the doctor's appointment considering her present condition and symptomatology." The physical examination findings listed are, "Her physical examination shows flexion is to 80 degrees, extension is to 20 degrees, and rotation on lateral is 20 degrees. Straight leg raising in sitting position is 90 degrees, bilateral and normal. Deep tendon reflexes are 2+, symmetrical and equal. The wound is well healed." The California MTUS guidelines do not address transportation. The ODG guidelines recommend transportation to and from appointments, but only for knee injuries not for cervical injuries. The Aetna guidelines state: "Regular commuting costs for an individual with a physical disability are not medical expenses." In researching this subject further I found that Medicare part B states: " Medicare Part B sometimes covers nonemergency ambulance transportation between home and a hospital or other place of treatment or diagnosis if the patient's doctor certifies in writing that transportation in something other than an ambulance would endanger the patient's health." The medical documentation regarding this request is very limited. There are no positive neurologic findings noted in the 10/16/13 treating physician examination and there is nothing to indicate that the patient is unable to drive or take public transportation to her appointments. There is no documentation to indicate the patient's health is endangered with self transportation. Based on all of the information presented, there is no medical evidence to support this request. Recommendation is for denial.