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| Case Number: | CM13-0054329 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/26/2013 |
| Decision Date: | 03/14/2014 | UR Denial Date: | 11/01/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 Pain Management, 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:

This is a male patient with a date of injury of April 26, 2013. A progress report dated November 18, 2013 indicates that the patient reports a fever, but states that he is feeling better. Diagnoses included degenerative spondylolisthesis and stenosis. The treatment plan recommends a lumbosacral orthosis brace. A history and physical dated October 18, 2013 indicates that the patient presents with low back pain with lower extremity pain, numbness, tingling, and weakness. The patient has progressive weakness and foot drop on the right side, causing his right foot to drag. The patient is having a significantly hard time walking due to the numbness and weakness. The conditions are growing rapidly worse. The patient presents for lumbar fusion. Physical examination identifies 1/5 strength in the right extensor pollicis longus and right anterior tibialis. There is also a weakness in the left quadriceps and diminished sensation in the lower extremities. Diagnoses include severe symptoms of spinal stenosis with neurogenic claudication. The treatment plan recommends proceeding with spinal fusion. A physical therapy evaluation performed on October 24, 2013 following the fusion identifies that the patient lives alone in a single story house with three steps to the entrance. The patient has no grab bars in his tub/shower, and does not have a shower chair. Objective examination identifies strength measured at 2-4/5 in the right and lower extremities. Bed mobility is moderate assist; transfers include total assist to transfer from supine to side lying to sitting. The patient standing balance is poor without the use of a front wheel walker. The note goes on to indicate that the patient has impaired functional mobility, impaired balance, decreased strength, and impaired motor control in both lower extremities due to stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six home physical therapy sessions with evaluation between 10/31/13 and 12/30/13:

Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 51,98. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Regarding the request for physical therapy, the Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines recommend up to 34 postoperative physical therapy visits over 16 weeks for the treatment of lumbar fusion. Within the documentation available for review, there is identification that the patient lives alone and requires significant assistance with transfers and mobility. Needing assistance with transfers and mobility, while living alone, would render this patient homebound. The patient has a medical need for physical therapy. Therefore, the need for home health services is medically necessary. Additionally, the patient is noted to have weakness and numbness in the lower extremities which are significantly affecting his ability to walk and transfer. As such, the requested home physical therapy is medically necessary and appropriate.