

Case Number:	CM13-0054349		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2008
Decision Date:	03/18/2014	UR Denial Date:	10/25/2013
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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: Patient has a date of birth of [REDACTED] and a work injury involving the low back dated 10/20/08. The patient's diagnosis includes lumbar radiculopathy, degenerative intervertebral discs, spondylolisthesis grade 1 and lumbar stenosis. There is a request for authorization for medical treatment dated 10/7/13 for a right L3-4 microdiscectomy as well as urgent home physical therapy 3 x per week for 2 weeks and outpatient physical therapy 2 times per week for 6 weeks. This review specifically addresses the Urgent Home Physical therapy 3xWk x 2Wks, lumbar. The primary treating doctor's report dated 9/11/13 states that the patient has increasing pain and a "prickly feeling" in her right leg as well as pain on the bottom of the left foot. On examination the patient has tenderness in the left paraspinal muscles, decreased lumbar range of motion, full motor strength in the lower extremities, except decreased strength in the tibialis anterior and extensor hallucis longus muscle. There is a positive straight leg raise on the left side. The treatment plan is to request authorization for a right L3-4 microdiscectomy. A lumbar MRI dated 6/28/13 shows multilevel discogenic disease with a slight increase in size in a L3-4 right paracentral disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Urgent Home Physical Therapy 3 x Wk x 2 Wks, lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 10/09/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health Services Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Urgent Home Physical therapy 3 x Wk x 2Wks, lumbar is not medically necessary per MTUS and ODG guidelines. Per document dated 10/7/13 the urgent home PT sessions were for the post operative period. A request for authorization form also requests outpatient PT 2 x per week x 6 weeks. Physical therapy at home would be considered a home health service and not recommended by the MTUS unless the patient is homebound. There is no documentation that the patient will be home bound. There is no documentation authorizing the lumbar surgery. Also per the ODG guidelines, there is also no evidence that post discectomy rehabilitation needs to be started urgently at home. The recommended number of visits for post discectomy PT per Post surgical Guidelines: Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. There was also a request for outpatient PT 2 x week for 6 weeks. The combined home PT request and outpatient PT request exceeds the recommended number of PT visits post discectomy. At this point, preoperatively, there are no extenuating conditions in the documentation that would warrant the urgent or additional PT and therefore for all of the above stated reasons urgent home PT 3 x wk x 2 wks (lumbar) is not medically necessary.