

Case Number:	CM13-0065603		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2002
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/13/2013

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, 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 55-year-old female with a date of injury of 06/18/2002. The listed diagnosis per [REDACTED] is adjacent segment degenerative disk disease and stenosis. According to report dated 11/22/2013 by [REDACTED], the patient presents with intractable back pain, lumbar radiculopathy, adjacent segment degenerative disk disease and L3 to S1 stenosis. Report states the patient underwent a lumbar fusion at L3 to S1 several years ago, and she did well with this. Unfortunately, she has developed adjacent segment disease and currently considering lateral and posterior fusion. The patient has been admitted to the emergency room with symptoms, and was sent for repeat MRI showing severe stenosis and degeneration of the adjacent level at L2-L3. Due to these findings along with the central canal impingement, the recommendation was made for admittance to [REDACTED] for an urgent decompression and extension of the fusion. The plan is for operative intervention on 11/23/2013 in the form of a posterior lumbar interbody fusion at L2 and L3. The recommendation is for home health physical therapy evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH PHYSICAL THERAPY EVALUATE AND TREAT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient is scheduled for operative intervention on 11/23/2013 in the form of a posterior lumbar interbody fusion at L2 and L3. The provider is requesting home health physical therapy evaluation and treatment. The California MTUS post surgical guidelines recommends 16 visits over 8 weeks after a discectomy/laminectomy. Although post operative physical therapy is recommended, the provider is requesting evaluation and treatment for physical therapy to be performed at home. There is no discussion as to why an in home physical therapist is needed and why the patient would not be able to attend in clinic physical therapy sessions. Recommendation is for denial.