

<b>Case Number:</b>	CM14-0015861		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Orthopedic Surgery 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:

Patient is a 50 year old male with an industrial injury of 9/19/13. AN MRI from 1/7/14 demonstrates pars defect with note of grade II anterolateral listhesis of L4-5, moderate neuroforaminal narrowing due to pars issue, listhesis, facet arthroplasty and disc pathology. Exam notes from 1/10/14 demonstrates patient complains of constant low back pain rated 8/10 with radiation to the right lower extremity. His pain increases with above shoulder range of motion. Diagnosed with right shoulder subacromial impingement syndrome and grade 2 lytic spondylolisthesis at L4-5 with instability on flexion/extension x-rays. Request for anterior posterior decompression and fusion at L4-5 was made (no notes of surgery). Request is for post operative physical therapy (frequency & duration is not indicated)

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OPERATIVE PHYSICAL THERAPY (NOT INDICATED FREQUENCY AND DURATION): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** Per CA MTUS postsurgical treatment guidelines, up to 34 visits of PT over 16 weeks is indicated. As there is no frequency or duration requested, the determination is not medically necessary.

**OFF THE SHELF LUMBAR BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/Lumbar Spine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**Decision rationale:** The use of postoperative brace is not indicated per the ODG, therefore the determination is no medically necessary.

**HOME HEALTH EVALUATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**Decision rationale:** CA MTUS/ODG is silent on the issue of home health services. According to ODG, home health is indicated for clinical situations where patients are homebound. As the records do not indicate evidence of this scenario the determination is not medically necessary.

**■■■■ NURSING SERVICES:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**Decision rationale:** CA MTUS/ODG is silent on the issue of home health services. According to ODG, home health is indicated for clinical situations where patients are homebound. As the records do not indicate evidence of this scenario the determination is not medically necessary.

**30-DAY RENTAL OF A HOSPITAL BED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**Decision rationale:** CA MTUS/ACOEM is silent on this issue. According to ODG, the use of hospital bed is not medically necessary therefore the determination is for non-certification.

**TRANSPORTATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**Decision rationale:** CA MTUS/ACOEM 2nd edition and ODG are silent on the issue of transportation. Per the ACOEM guidelines 3rd edition, Chapter 5, step 5 regarding transportation: Identify any non-medical obstacles that appear to be primary or secondary barriers to return to work. There is insufficient evidence in the records of the claimant inability to have self transportation. Therefore the determination is not medically necessary.