

Case Number:	CM14-0017895		
Date Assigned:	04/16/2014	Date of Injury:	05/04/2001
Decision Date:	06/03/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The claimant is a 65-year-old female who sustained a May 4, 2001 work related injury. Records indicate injury to both the neck and the low back. There is documentation of significant surgical history including a multilevel T12 through L5 posterior lumbar fusion in April of 2010 followed by a cervical C6-7 anterior cervical discectomy and fusion in May 2010. Further surgical process in the form of hardware removal to the lumbar spine with exploration of fusion has also occurred. Recent assessment of January 23, 2014 with [REDACTED] indicated that the claimant is "doing very well". Objectively there was noted to be weakness with left hip flexion, abduction and knee extension. Radiographs reviewed of the cervical and lumbar spine demonstrated hardware and fusion with no abnormalities. Recommendations at that time were for continued home care, three hours per day, seven days a week for an additional six weeks as well as eighteen additional therapy sessions for both the upper and lower extremities for strengthening purposes. Postoperative course of care indicates significant course of home care as well as previous physical therapy since time of claimant's prior surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME HEALTH CARE 2-3 HRS/DAY, 7 DAYS A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain: Home Health Services Page(s): 51.

Decision rationale: Chronic Pain Medical Treatment Guidelines would not support the role of home care for an additional six weeks, three hours per day, seven days per week. Chronic Pain Medical Treatment Guidelines indicate the role of home care for individuals who are home bound on a temporary or intermittent basis. In this instance, the claimant was doing "very well" at the January 23, 2014 assessment, several months following time of last surgical process. The claimant was ambulating independently with no indication as to why continued home health services would be appropriate at this subacute stage in postoperative course of care. Given the above the request is not medically necessary.

18 OCCUPATIONAL THERAPY SESSIONS FOR UPPER EXTREMITY STRENGTHENING: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3 and 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mtus Chronic Pain Page(s): 98-99.

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, continued physical therapy would not be indicated. This individual has undergone a significant course of physical therapy with last documented surgery nearly eleven months ago. The specific request for eighteen additional sessions of therapy would exceed Guideline criteria for therapeutic services in the chronic setting. Therefore the request is not medically necessary.

18 PHYSICAL THERAPY SESSIONS FOR LOWER EXTREMITY STRENGTHENING: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3 and 15-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mtus Chronic Page(s): 98-99.

Decision rationale: Based on Chronic Pain Medical Treatment Guidelines, continued physical therapy would not be indicated. This individual has undergone a significant course of physical therapy with last documented surgery nearly eleven months ago. The specific request for eighteen additional sessions of therapy would exceed Guideline criteria for therapeutic services in the chronic setting. Therefore the request is not medically necessary.