

Case Number:	CM14-0122312		
Date Assigned:	08/06/2014	Date of Injury:	03/25/2011
Decision Date:	09/24/2014	UR Denial Date:	07/20/2014
Priority:	Standard	Application Received:	08/01/2014

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 Physical Medicine & 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 62-year-old female with date of injury of 03/25/2011. The listed diagnoses per Dr. Todd Moldawer dated 07/08/2014 are: 1. Status post decompressive laminectomy at L4 and L5 from 02/03/2014. 2. Deep venous thrombosis of the left calf with pulmonary embolism. According to this report, the patient underwent a lumbar decompressive laminectomy at L4-L5 on 02/03/2014 and then developed postoperative complications in the form of a deep venous thrombosis. Since 06/05/2014, she has completed a course of land-based postoperative physical therapy. She continues to experience low back pain that is worse by the end of the day. The physical examination shows the patient is able to ambulate without any evidence of limp or weakness. She is able to forward flex the lumbar spine so that the finger tips are approximately 6 inches from the floor. Lower extremity strength is 5/5 bilaterally except in the EHLs which are positive 4/5. Sensation is intact to pinprick throughout. Straight leg raise test is negative bilaterally. Patellar and Achilles reflexes are +1 and equal bilaterally. Her incision is well-healed. She does have some mild tenderness in the left lumbar paraspinal muscles from L4 to the sacrum with palpation. The utilization review denied the request on 07/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 land exercise: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Page(s): 25, 26.

Decision rationale: This patient presents with back pain. The patient is status post decompressive laminectomy from 02/03/2014. The treater is requesting 12 physical therapy sessions. The MTUS postsurgical guidelines page 25 and 26 on laminectomy recommend 16 visits over 8 weeks. The physical therapy evaluation dated 02/12/2014 notes that the patient is independent with her ADLs and has had progressive low back pain over the last three years. The number of treatments and progress from therapy was not noted on this report. The records show that the patient completed 9 visits of postoperative aquatic-based physical therapy. The report dated 07/08/2014 notes that the patient developed postoperative complications in the form of deep venous thrombosis. Since then she has completed a course of land-based postoperative physical therapy and more is being requested. In the same report, the patient continues to experience low back pain that is worse at the end of the day. In this case, the patient has completed 9 aquatic-based physical therapy and an unknown number of land-based therapy. The treater has asked for 12 additional sessions but does not explain for what reason other than for the patient's subjective pain. The treater does not explain why the patient is not able to transition into a home exercise program rather than relying on formalized therapy. Therefore, the request is not medically necessary.

Home Health Aide 3 hours a day x 3 days a week: Upheld

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

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

Decision rationale: This patient presents with back pain. The patient is status post decompressive laminectomy from 02/03/2014. The treater is requesting a home health aide 3 hours a day 3 times a week. The MTUS Guidelines page 51 on home health services recommends this service for patients who are homebound, on a part time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundry, and personal care given by home health aids like bathing, dressing, and using the bathroom and this is the only care needed. The progress report dated 07/08/2014 documents, "the patient states that she still needs help at home because she is unable to lift or bend." In this case, the patient does not appear to be homebound. She is able to ambulate without evidence of a limp or weakness. She is also able to stand on her toes and heels without difficulty. There is no discussion regarding the patient's social support. Given the patient's surgery, persistent pain, delayed recovery due to post-op complication, some home help would appear reasonable. However, the treater does not specify duration. Therefore, the request is not medically necessary.

