

<b>Case Number:</b>	CM14-0158684		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 26 year old female who sustained a vocational injury on 02/17/11. The medical records provided for review documented diagnoses of cervical strain, L3-S1 stenosis, most severe at L4-5 and moderate at L5-S1, L3-S1 disc degeneration, bilateral lumbar radiculopathy and weakness in an L5-S1 distribution. On 06/26/14, the claimant underwent a posterior lumbar fusion of the L4-5 and L5-S1 levels. The office note dated 07/02/14 documented that the claimant was making progress with physical therapy but continued to experience tightness from the posterior thighs to the calves and numbness in the buttocks, left greater than right. She was utilizing medications of Flexeril, Oxycodone, Morphine IR, and Hydroxyzine. Physical examination revealed the claimant was in a wheel chair, had no palpable tenderness to the paravertebral muscles bilaterally, had no evidence of tenderness over the sacroiliac joints bilaterally, no tenderness over the sciatic notches, no tenderness over the flanks, and no tenderness over the coccyx. Reflexes were 3+ to the knees bilaterally and 2+/3 in the bilateral ankles. She had 4/5 strength of the left ankle dorsiflexion and 5/5 strength otherwise of the bilateral lower extremities. She had approximately a 20 degree flexion contracture on the left and a 10 degree on the right with tightness with knee extension. It was noted that she was having difficulty with dressing, prepping meals, cleaning and going shopping. On an 08/15/14 office note, the claimant was noted to have neck pain extending to the top of the shoulders and her motor strength was within normal limits with the exception of 4/5 strength to the right extensor hallucis longus. She had hyperesthesia of S1 bilaterally. According to documentation on 08/07/14, there were 12 postoperative outpatient physical therapy visits authorized and her first physical therapy session was noted to be on 08/22/14. Documentation was also suggested by the home health nurse that the claimant was not motivated to care for her. The current request is for physical therapy for twelve sessions to both the cervical and lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks, qty 12 (both cervical and lumbar spine):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck & Upper Back chapter: Physical therapy (PT)

**Decision rationale:** The California Postsurgical Rehabilitative Guidelines note that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to this specific surgery. If it is determined that additional functional improvement can be accomplished after completion of a general course of therapy, physical medicine treatment be continued up to the end of the post surgical physical medicine period. It is also noted that the claimant should be reevaluated following continuation of physical therapy, when necessary and no later than every 40-45 days from the last evaluation to document functional improvement and to continue physical medicine treatment. The frequency of visits should be gradually reduced or discontinued as the claimant gains independence and management of symptoms and with achievement of functional goals. In cases where no functional improvement is demonstrated, post surgical treatment shall be discontinued at any time during the post surgical physical medicine. With regards to fusion surgery of the lumbar spine, California Postsurgical Treatment Guidelines support 30 visits over 16 weeks for up to 6 months in the postoperative period. With regards to what appears to be chronic pain for the cervical spine, California Chronic Pain Medical Treatment Guidelines support 9-10 visits over 8 weeks and Official Disability Guidelines supports 10 visits over 8 weeks for sprains and strains of the neck, 9 visits over 8 weeks for cervicgia and 10 visits over eight weeks for displacement of the cervical or intervertebral discs. The medical records provided for review fails to clearly delineate and establish the quantity of formal physical therapy that the claimant has had for the low back or the cervical spine to date. In addition, there is a lack of quantitative and qualitative physical exam objective findings establishing the claimant has made and continues to make significant progress with previous physical therapy. There is a lack of documentation that the claimant has attempted and failed a home exercise program or that there are barriers in place that would prevent the claimant from transitioning to a home exercise program. Given the fact that documentation fails to establish the success and quantity of previous physical therapy, the recommendation for continued physical therapy for the low back cannot be considered medically necessary and subsequently the request for 12 sessions of therapy for both the cervical and lumbar spine cannot be considered medically necessary.

**Home health 4 hours a day, 7 days a week, 28 hours per week, 196 hours for 7 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** In regards to the second request for home health, 4 hours a day, 7 days a week, 28 hours per week, for a total of 196 hours for 7 weeks, the California Chronic Pain Medical Treatment Guidelines note that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, part-time or on "intermittent" basis, generally, up to no more than 3 hours per week. Medical treatment does not include homemaker's services like shopping, cleaning, laundry and personal care given by the home health aides like bathing, dressing, using the bathroom when this is the only care needed. Documentation from 7/28/14 clearly notes that the request for the homemaker services appears to include going shopping, which is not defined as medically necessary per California Chronic Pain Guidelines. In addition, the physical exam objective findings reported from the 7/28/14 note that the claimant has essentially 5/5 strength of the bilateral extremities with exception of a 4/5 strength of the left ankle dorsiflexion as well as reflexes within normal limits. There was no pain with palpation and examination of the low back. Documentation also clearly notes that the claimant does not appear to be motivated to care for herself, which in and of itself does not establish medical necessity for the requested services. In addition, there is no documentation supporting that the claimant is currently and will continue to be homebound for the next month for which the services have been requested for. Therefore, based on the documentation presented for review and in accordance with California Chronic Pain Medical Treatment Guidelines, the request for home health, 4 hours a day, 7 days a week, 28 hours per week for a total of 196 hours over 7 weeks cannot be considered medically necessary.