

Case Number:	CM14-0078872		
Date Assigned:	07/18/2014	Date of Injury:	03/14/2004
Decision Date:	10/02/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 Family Medicine 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 injured worker is a 51-year old female whose date of injury is 03/14/2004. The mechanism of injury is not described. Treatment to date includes prior L4-5, L5-S1 lumbar fusion and right knee arthroscopic debridement. The injured worker decided to proceed with additional low back surgery in the form of anterior spinal fusion/posterior spinal fusion L3-4 versus posterior lumbar interbody fusion L3-4. Diagnoses are status post right knee surgery, bilateral knee internal derangement, status post lumbar fusion L4-5 and L5-S1, status post lumbar hardware removal, chronic low back pain, stenosis at L3-4 with moderate to severe low back pain, severe facet disease at L3-4, and Gastroesophageal reflux disease (GERD).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy - Unspecified amount: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Medicine

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

Decision rationale: Based on the clinical information provided, the request for occupational therapy unspecified amount is not recommended as medically necessary. The injured worker was scheduled to undergo anterior spinal fusion/posterior spinal fusion L3-4 versus posterior lumbar interbody fusion L3-4 on 05/23/14. There is no operative report submitted for review and no postoperative records are provided with a current, detailed physical examination and specific, time-limited treatment goals. The request is nonspecific and does not indicate the frequency and duration of the requested occupational therapy. Therefore, Occupational Therapy Unspecified amount is not medically necessary.

Home Physical Therapy - Unspecified amount: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines.

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

Decision rationale: Based on the clinical information provided, the request for home physical therapy unspecified amount is not recommended as medically necessary. The injured worker was scheduled to undergo anterior spinal fusion/posterior spinal fusion L3-4 versus posterior lumbar interbody fusion L3-4 on 05/23/14. There is no operative report submitted for review and no postoperative records are provided with a current, detailed physical examination and specific, time-limited treatment goals. The request is nonspecific and does not indicate the frequency and duration of the requested home physical therapy. Therefore, Home Physical Therapy Unspecified amount is not medically necessary.

Home Health Wound Care - Unspecified amount: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: Based on the clinical information provided, the request for home health wound care is not recommended as medically necessary. The injured worker was scheduled to undergo anterior spinal fusion/posterior spinal fusion L3-4 versus posterior lumbar interbody fusion L3-4 on 05/23/14. There is no operative report submitted for review and no postoperative records are provided with a current, detailed physical examination. The request is nonspecific and does not indicate the frequency and duration of the requested wound care. The injured worker was previously authorized for one week of home health wound care. There is no clear rationale provided to support ongoing wound care. Therefore, Home Health Wound Care Unspecified amount is not medically necessary.

Home Health Assistance with Activities of Daily Living: four (4) hours/day, five (5) times a week for two (2) weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

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

Decision rationale: Based on the clinical information provided, the request for home health assistance with activities of daily living four hours/day five times a week for two weeks for the lumbar spine is not recommended as medically necessary. The injured worker was scheduled to undergo anterior spinal fusion/posterior spinal fusion L3-4 versus posterior lumbar interbody fusion L3-4 on 05/23/14. There is no operative report submitted for review and no postoperative records are provided with a current, detailed physical examination and specific, time-limited treatment goals. The submitted records fail to indicate that the injured worker is homebound on a part time or intermittent basis as required by CA MTUS guidelines. Therefore, Home Health Assistance with Activities of Daily Living: four (4) hours/day, five (5) times a week for two (2) weeks for the Lumbar Spine is not medically necessary.