

Case Number:	CM14-0173521		
Date Assigned:	10/24/2014	Date of Injury:	05/31/2014
Decision Date:	01/28/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain and an umbilical hernia reportedly associated with an industrial injury of May 31, 2014. In a Utilization Review Report dated September 30, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as nine sessions of the same. A variety of MTUS and non-MTUS Guidelines were invoked, including non-MTUS Chapter 6, ACOEM Guidelines and non-MTUS ODG Guidelines. State Bill 228 was also invoked. The claims administrator referenced a progress note of September 23, 2014 and an operative report of August 26, 2014. The applicant's attorney subsequently appealed. The applicant's attorney subsequently appealed. In a progress note dated October 28, 2014, the applicant was placed off of work, on total temporary disability, through November 4, 2014 and returned to work with restrictions effective November 5, 2014. It did not appear that the applicant was working, however. The applicant stated that he had completed five to six sessions of physical therapy previously authorized, was 100% better, had no residual abdominal pain, and was not taking any pain medications. The umbilical incision was healed on inspection. Continuing physical therapy was endorsed. The applicant was asked to obtain a Medical-legal Evaluation. On September 3, 2014, the applicant underwent an open umbilical hernia repair surgery with mesh placement to ameliorate a preoperative diagnosis with incarcerated omentum. On September 30, 2014, the applicant reported mild peri-incisional pain, 3-4/10. The applicant had a well-healed incision with no signs of infection. The attending provider suggested the applicant obtain 12 sessions of physical therapy for abdominal strengthening exercise purposes. Work restrictions were endorsed. It did not appear that the applicant was working, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physiotherapy x 12 for trunk strengthening: 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: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS following earlier umbilical herniorrhaphy surgery of September 3, 2014. It is incidentally noted that the date of surgery has been incongruous to report it as August 26, 2014 by the applicant's primary treating provider (PTP) and the claims administrator and reported as September 3, 2014 by the applicant's general surgeon. In any case, the applicant was still within the six-month postsurgical physical medicine treatment period as of the date 12 sessions of physical therapy were sought on September 30, 2014. While the MTUS Postsurgical Treatment Guidelines do not address the topic of physical therapy following an umbilical herniorrhaphy surgery, as apparently transpired here, MTUS states that medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbid medical condition, prior pathology and/or surgery involving the same body part, nature, number, and complexity of surgical procedure undertaken, presence of surgical complications, and an applicant's essential work functions. MTUS further stipulates that applicants should be re-evaluated periodically following introduction of therapy so as to document functional improvement which would justify continuation of physical medicine treatment. In this case, the 12-session course of treatment proposed, thus, did not contain any proviso to re-evaluate the applicant in the midst of treatment so as to ensure program progression and/or functional improvement. It was not clearly stated why such a lengthy, protracted course of treatment was needed for seemingly relatively minor, uncomplicated umbilical herniorrhaphy. The applicant's essential job functions and/or need for such an extended, protracted course of treatment were not furnished. In a later progress note dated October 28, 2014, it was suggested that the applicant had essentially affected a full recovery as of that date. The applicant was "100% better," it was suggested on October 28, 2014, after having completed five sessions of physical therapy. The lengthy 12-session course of treatment proposed, thus, was seemingly incompatible with the relatively minor nature of the procedure undertaken. Therefore, the request is not medically necessary.