

Case Number:	CM14-0197687		
Date Assigned:	12/05/2014	Date of Injury:	07/16/2006
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine and is licensed to practice in New York. 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 63 year old male with a date of injury of 07/16/2006. He fell when moving machinery and sustained a ruptured spleen, rotator cuff tear and subsequently had bilateral knee replacements. On 10/29/2014 he had L3-L4 and L4-L5 bilateral laminectomy with decompression and fusion. On 11/01/2014 he had an altered mental status or alcohol withdrawal. On 11/06/2014 the provider noted that the request was for home PT, not OT and that the patient continued to have an abnormal mental status. There was a request for 24 visits of physical therapy. Eight visits were certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Occupational Therapy 3 x 8 lumbar spine: Upheld

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

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

Decision rationale: There are several issues here - the medical necessity of home therapy and the ability of the patient to cooperate and benefit from therapy if the mental status is not optimal. MTUS, post-surgical lumbar fusion page 26 allows for a maximum of 34 visits "Postsurgical

treatment (fusion): 34 visits over 16 weeks" However, that assumes that the patient has a normal mental status and can cooperate with physical therapy. The previous review certification of 8 visits was appropriate to ascertain if the patient was capable of cooperating and benefiting from the physical therapy and also to ascertain if further home therapy would be medically necessary. If needed continued physical therapy could be provided at an outpatient facility instead of at home depending on the patient's progress. Therefore the request for Home Occupational Therapy 3 x 8 lumbar spines is not medically necessary.