

Case Number:	CM15-0132173		
Date Assigned:	07/16/2015	Date of Injury:	03/09/2001
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 74-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 9, 2001. In separate Utilization Review reports dated June 29, 2015, the claims administrator failed to approve requests for three weeks of occupational therapy for the lumbar spine and three weeks of skilled nursing services. The claims administrator acknowledged that the applicant had undergone a thoracic fusion surgery on June 3, 2015 but nevertheless invoked pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines in its determination. An RFA form of June 22, 2015 and a progress note of June 3, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a June 29, 2015 rehabilitation facility nursing note, the applicant reported 8/10 pain. Outpatient physical therapy/occupational therapy was ordered. The applicant was on Valium for anxiety and Cymbalta for depression, it was reported. The applicant was described as asleep in bed. The applicant's gait was not clearly described or characterized. In an earlier skilled nursing facility nursing note dated June 29, 2015, the applicant was given assistance with activities of daily living, dressings, and transfers. Once again, the applicant's gait was not clearly described or characterized. In a physical therapy note dated June 29, 2015, the applicant was described as having ambulated 200 feet using a walker. The applicant was able to perform certain exercises. The applicant was apparently using a back brace in addition to the walker to move about. In a physical therapy note dated June 30, 2015, the applicant was described as participating in various exercises and was able to ambulate 220 feet using a walker, it was reported. In a work status report dated June 10, 2015, the applicant was placed off

of work for a little over two months. In a June 3, 2015 admission history and physical, it was noted that the applicant was being admitted in preparation for a T10-T11 thoracic interbody fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy for the lumbar spine x 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for occupational therapy for the lumbar spine X 3 weeks was medically necessary, medically appropriate, and indicated here. The request in question appeared to represent a request for three weeks of postoperative occupational therapy, all of which seemingly transpired when the applicant was resident of a skilled nursing facility (SNF) following earlier thoracic fusion surgery of June 3, 2015. The MTUS Postsurgical Treatment Guidelines support a general course of 34 sessions of postoperative treatment following fusion surgery, as transpired here. The Postsurgical Treatment Guidelines also note in MTUS 9792.24.3.c2 that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, and complexity of surgical procedures undertaken, etc. Here, the applicant's recovery, was, by all accounts, complicated. The applicant was a resident of a skilled nursing facility (SNF) for approximately three to four weeks. The applicant was an elderly individual (age 74) who had reportedly had complications including depression, osteoporosis, history of prior lumbar spine surgery, opioid dependence, etc. The three weeks of occupational therapy at issue, thus, were indicated to ameliorate the applicant's various deficits during the course of her stay in the skilled nursing facility. The applicant was only semi-ambulatory as of June 29, 2015 and was still using a walker to move about. The applicant, thus, appear to have relatively pronounced impairment which did warrant treatment on the order that proposed. Therefore, the request was medically necessary.

Skilled nursing services x 3 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Skilled nursing facility (SNF) care.

Decision rationale: Similarly, the request for skilled nursing services for three weeks was likewise medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic of skilled nursing care. However, ODGs Low Back Chapter Skilled Nursing

Facility Care topic notes that skilled nursing facility care is recommended if necessary after hospitalization when an applicant requires skilled nursing or skilled rehabilitation services, or both, on a 24-hour basis. Here, as with the preceding request, the request in question appear to represent a request for skilled nursing services during the three weeks immediately after thoracic fusion surgery of June 3, 2015, which was delivered while the applicant was a resident of the SNF. The applicant did receive physical therapy and occupational therapy through the SNF during the dates in question. The applicant did receive wound care delivered by a nurse during the dates in question. Such services were indicated and necessary following the thoracic fusion surgery of June 3, 2015. Therefore, the request was medically necessary.