

Case Number:	CM15-0165122		
Date Assigned:	09/02/2015	Date of Injury:	10/15/2004
Decision Date:	10/08/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59-year-old female who sustained an industrial injury on 10/15/04. Injury occurred when she was running and fell in a gopher hole. Past medical history was significant for chronic falls, diabetes, hypertension, chronic knee and lower back pain, stage III chronic kidney disease, headaches, obesity, and osteoporosis. The injured worker was admitted to the hospital on 6/8/15 as she had fallen that morning with chronic back pain and generalized weakness. She was diagnosed with severe lumbar spinal stenosis at L4/5 with neurogenic claudication and cauda equina syndrome with significant distal lower extremity paresis. She was also diagnosed with grade 1 spondylolisthesis at L4/5, diabetic peripheral polyneuropathy, lumbar degenerative disc disease L4/5 and L4/5, status post L5/S1 microdiscectomy x 2, and pain pump at the L1/2 level. The 6/13/15 treating physician report indicated that the injured worker had severe lower back pain. She was non-ambulatory with paresis in the lower extremities, diffuse numbness and basically at bedrest. She had been using a walker but recently had been unable to walk due to pain and weakness. The pain pump was not effective and was causing her to be very lethargic. This injured worker underwent pain pump removal and complete laminectomy at L4 with bilateral foraminotomy and left transforaminal lumbar interbody fusion L4 to S1 on 6/13/15. The 6/15/15 lumbar spine CT scan showed interval laminectomy at L4 and L5 with posterior fusion from L4 through S1, with no hardware complications. The patient was admitted for inpatient rehabilitation. The 7/27/15 rehabilitation report indicated that discharge was anticipated on 8/1/15. The injured worker required standby assist for toilet and tub transfer. On-going physical therapy was recommended to include initial

home health evaluation on discharge. Authorization was requested for a bedside commode, transfer bench, and post-operative physical therapy for the lumbar spine, twice weekly for 3 weeks. The 8/17/15 utilization review non-certified the requests for bedside commode and transfer bench as there was no evidence that the requested items were efficacious in the treatment of this injured worker's medical condition. The request for post-operative physical therapy for the lumbar spine, twice weekly for 3 weeks, was non-certified as there was no documentation of a recent lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bedside Commode: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (commodes) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Guideline criteria have been met. The use of a bedside commode for this patient following multilevel lumbar fusion is reasonable for the documented lower extremity weakness and to allow for early functional independence. Therefore, this request is medically necessary.

Transfer bench: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

Decision rationale: The California MTUS is silent regarding this durable medical equipment. The Official Disability Guidelines state that certain DME toilet items (transfer bench) are medically necessary if the patient is room-confined or when prescribed as part of a medical treatment plan for injury or conditions that result in physical limitations. Guideline criteria have been met. The use of a transfer bench for this patient following multilevel lumbar fusion is reasonable for the documented lower extremity weakness and to allow for early functional independence. Therefore, this request is medically necessary.

Post-operative physical therapy for the lumbar spine, twice weekly for three weeks:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar fusion suggest a general course of 34 post-operative physical medicine visits over 26 weeks, during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have been met. This injured worker is status post L4-S1 transforaminal lumbar interbody fusion and laminectomy with residual functional limitations. Records indicated an extended hospital and inpatient rehabilitation stay due to her significant comorbidities. It is unclear as to the total amount of therapy provided but functional improvement is noted in the post-operative period allowing discharge to home. A six-visit course of therapy in the out-patient setting is reasonable and indicated by functional limitations in activities of daily living. Therefore, this request is medically necessary.