

Case Number:	CM15-0182420		
Date Assigned:	09/23/2015	Date of Injury:	11/24/1999
Decision Date:	10/27/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old female with an industrial injury dated 11-24-1999. Medical record review indicates she is being treated for lumbar segmental dysfunction, sacroiliitis, scoliosis, hypochondropiasia and lumbar paracervical myofascitis. Subjective complaints (07-13-2015) are documented as low back pain rated as 8-9 out of 10. "Post-op bladder dysfunction worse; frequency, hesitancy, incomplete voiding." Physical exam findings (07-13-2015) are documented as tenderness of lumbar spine with decreased painful range of motion. "Weakness noted on hip flexion." The 06-22-2015 rehabilitation hospital course treatment note documented the injured worker was "still limited by spinal precautions and decreased bilateral lower extremity strength, dynamic balance and surgical discomfort." "In occupational therapy, she is independent with eating, assist with grooming, minimal assist with bathing, setup assist with upper body dressing and moderate assistance with lower body dressing." "The treating physician documented the injured worker progressed very well with therapy." She was discharged home on 07-01-2015. Prior treatments are documented as revision laminectomy lumbar 1-5 with posterior spinal fusion, instrumentation lumbar 1-4, removal hardware lumbar 4-5, modified duty, physical therapy, brace, walker and medications. The request for authorization dated 08-13-2015 is for occupational therapy 2-3 x week, 6-8 weeks. On 08-20-2015 the request for occupational therapy QTY: 24 were modified by utilization review to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy QTY: 24: 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 2009, Section(s): Low Back.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1999 and underwent lumbar spine surgery in July 2014. She underwent revision surgery on 06/18/15 with a multilevel laminectomy and instrumented fusion. Her past medical history includes hypertension, diabetes, and achondroplasia. She was discharged on 07/01/15 with a lumbar orthosis and was at a modified independent level of function including ambulating 300 feet with a rolling walker. Being requested is outpatient postoperative therapy. After the surgery performed, guidelines recommend up to 34 visits over 16 weeks with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of initial post-operative therapy visits is in excess of accepted guidelines and what would be expected to determine whether further therapy was needed or likely to be effective. Although there are co-morbid conditions, the claimant's surgery was uncomplicated. The request is not medically necessary.