

<b>Case Number:</b>	CM15-0203331		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 52-year-old who has filed a claim for chronic neck, wrist, foot, and ankle pain reportedly associated with an industrial injury of May 11, 2011. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for a power scooter and 12 sessions of postoperative physical therapy and occupational therapy with associated attendant care. The claims administrator referenced an RFA form received on September 24, 2015 in its determination, along the progress note of September 23, 2015. The claims administrator stated that the applicant had undergone a cervical fusion surgery on September 24, 2015. The applicant's attorney subsequently appealed. On a progress note dated August 11, 2015, it was noted that the applicant had issues with advanced cervical spinal stenosis and neuroforaminal stenosis. The applicant was asked to apparently consult a cervical spine surgeon. On August 21, 2015, the applicant was described as having ongoing issues with gait instability. The applicant stated that her knee was unstable and that she has fallen several times while using crutches. The applicant also had weakness in her hands, arms, and elbows, the treating provider reported. The applicant has been diagnosed with a primary operating diagnosis of severe cervical spinal stenosis secondary to C6-C7 herniated disc with associated radiculopathy and myelopathy. Ancillary issues with knee internal derangement, a chronic left foot drop, ankle issues, carpal tunnel syndrome, and morbid obesity were also evident. The applicant was asked to pursue cervical spine surgery and cease smoking prior to doing so. The applicant was obese, standing 5 feet 4 inches, and weighing 280 pounds, the treating provider reported. On September 23, 2015, the applicant was described as having issues with unstable left

ankle requiring usage of a Cam walker and a right knee brace. The applicant had apparently fallen in 2011 and fallen several times and while using crutches, the treating provider acknowledged. The applicant was still smoking, the treating provider noted. Cervical spinal surgery was sought. The applicant was asked to undergo cervical spinal surgery. The treating provider stated that the applicant had a variety of lower extremity issues, which could potentially prevent him from going home immediately postoperatively. Skilled Nursing Facility Care versus home care services to deliver home-based physical and/or occupational therapy were proposed. On September 24, 2015, the applicant underwent a CT scan of the anterior cervical fusion surgery to ameliorate preoperative diagnosis of cervical stenosis, cervical herniated disc, cervical myelopathy, and morbid obesity. On October 19, 2015, the treating provider noted the applicant was again having issues with obesity, left ankle instability, and right knee instability. The applicant was given a right knee brace and left ankle brace or Cam walker. The attending provider contended that the applicant was in need of home-based physical therapy, citing issues with falling and gait derangement.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Post-op Home Health Physical Therapy/Occupational Therapy, Social Work, Attendant Care 3x4 Cervical Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

**Decision rationale:** Yes, the request for postoperative home-based physical therapy and occupational therapy with associated attendant care was medically necessary, medically appropriate, and indicated here. The request in question represented a request for postoperative physical and/or occupational therapy following cervical fusion surgery, as seemingly transpired here. The MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative physical therapy following cervical fusion surgery, and also stipulated in MTUS 9792.24.3.a2 that an initial course of postoperative therapy represents one-half of the general course of therapy for the specified surgery. One-half of 24 visits, thus, is 12 visits. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that home health services is recommended to deliver otherwise recommended medical treatment to applicants who are homebound. Here, the treating provider reported on multiple dates of service both before and immediately after the cervical spine surgery, that the applicant had issues with gait derangement, falling, and gait instability owing to multitude of complaints to include morbid obesity, cervical myelopathy, right knee internal derangement, and left ankle foot drop. It did not appear, thus, the applicant was capable of attending physical therapy on an outpatient basis, given the multiplicity of issues present here. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that medical treatment does not include home-maker services when this is the only care needed, here, however, the attendant care was sought in conjunction with a request for postoperative physical and occupational therapy services. This was, thus, indicated during the immediate postoperative phase, as suggested by the attending provider. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative case as opposed to chronic pain case, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in MTUS 9792.24.3 shall apply together with any other

applicable treatment guidelines found within the MTUS. Here, since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines did, in part, address some of the items in question, it was therefore invoked.

**Purchase of a power scooter:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Power mobility devices (PMDs).

**Decision rationale:** Similarly, the request for a purchase of a power scooter was likewise medically necessary, medically appropriate, and indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines notes that power mobility devices such as the scooter in question are not recommended if an applicant's functional mobility deficits can be sufficiently resolved with usage of a cane, walker, and/or manual wheelchair, here, however, it did not appear that the applicant's functional mobility deficits were amenable to cane, walker, manual wheelchair, etc. The applicant was described on office visits of October 19, 2015 and September 23, 2015 as having variety of issues generating gait derangement, including cervical myelopathy, morbid obesity with height of 5 feet and 4 inches and weight of 280 pounds. Right knee internal derangement, left ankle instability, and left ankle foot drop requiring usage of a Cam walker. The applicant had reportedly fallen on multiple occasions, the treating provider contended on September 23, 2015 and on October 19, 2015. The applicant was described as having upper extremity deficits secondary to carpal tunnel syndrome and/or cervical myelopathy, seemingly preventing usage of a manual wheelchair, walker, crutches, etc. Provision of a power scooter was, thus, indicated in clinical context present here. Therefore, the request was medically necessary. As with the preceding request, MTUS 9792.23.b2 stipulates that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 51 of the MTUS Chronic Pain Medical Treatment Guidelines did address the topic in question, it was therefore invoked.