

Case Number:	CM15-0053167		
Date Assigned:	03/26/2015	Date of Injury:	06/02/2011
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/20/2015

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:

The injured worker is a 33-year-old male who sustained an industrial injury on 6/02/11. The 7/29/14 lumbar spine MRI documented an L5/S1 disc protrusion compromising the exiting nerve roots bilaterally. The patient underwent L5/S1 microdiscectomy, decompression and hemilaminectomy with fusion on 1/2/15. The 2/5/15 treating physician report cited complaints of diminished right foot sensation after surgery. Physical exam documented mild crepitation, and midline point tenderness over the lumbar spine and near the sacroiliac joints. There was a midline incision consistent with lumbar surgery. There was pain with extreme flexion, decreased range of motion, and normal paraspinal strength and tone. There was symmetrical lower extremity anterior tibialis, extensor hallucis longus, and gastrocnemius weakness. There was decreased right S1 dermatomal sensation. The treatment plan recommended post-op physical therapy 2x4 for the lumbar spine, and initiation of home health services 35 hours per week for 2 weeks to assist with dressing, wound care, bathing and cooking. The 3/2/15 utilization review modified the request for post-op physical therapy for the lumbar spine 2 times per week for 4 weeks to 5 visits. The rationale noted that 12 post-op visits had been authorized but had not begun, and that 5 additional visits to a total of 17 were supported by guidelines for initial treatment. The request for 35 hours of home health care for wound care was modified to 5 hours. The rationale for this modification noted that only professional nursing services were supported by guidelines and home health assistance for dressing, bathing, and cooking were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy two times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

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

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. 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. Records indicated that an initial 12 post-op visits were certified and had not been completed at the time of this request. The 3/2/15 utilization review recommended partial certification of 5 additional post-operative physical therapy visits consistent with initial treatment guidelines. There is no compelling reason submitted to support the medical necessity of additional care prior to completion of the recommended initial care. Therefore, this request is not medically necessary.

Post-op home health care 35 hours for wound care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The 3/2/15 utilization review modified this request for 35 hours per week of home health care for wound care, dressing, bathing, and cooking, to 5 hours of professional home care nursing for wound care. There is no compelling rationale presented to support the medical necessity of additional home health services. Therefore, this request is not medically necessary.