

Case Number:	CM15-0087391		
Date Assigned:	05/11/2015	Date of Injury:	09/25/2007
Decision Date:	06/16/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 57-year-old female, who sustained an industrial injury on 9/25/2007. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis, lumbar radiculopathy, L4-S1 lumbar fusion (3/26/2015), persistent depressive disorder, with intermittent major depressive episodes, without current episode, moderate, psychological factors affecting chronic pain. Treatment to date has included diagnostics, psychotherapy, lumbar surgery, and medications. Per the discharge summary report (3/30/2015), the injured worker underwent an uncomplicated L4-5 and L5-S1 anterior lumbar interbody fusion with fixation, followed by posterior decompression, fusion, and fixation. Her incisions remained clean, dry, and intact. She was seen by physical and occupational therapy, and began to increase activity as tolerated. On her fourth post-operative day, she requested to be discharged to home, was in good spirits, and was doing well. Muscle strength was documented as normal in all extremities and gait was normal. She was discharged with instructions. The treatment plan included P2P home physical therapy evaluation (6-8 visits) for the lumbar spine. A rationale for the requested home physical therapy was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P Home Physical Therapy evaluation 6 to 8 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 59 of 127.

Decision rationale: The patient sustained an injury in September of 2007 with subsequent lumbar spondylosis and radiculopathy. She underwent a lumbar fusion in March of 2015 with what appears to be a good result post-operatively. Based on the MTUS guidelines, physical therapy is indicated. A trial of 6 visits over 2 weeks, with evidence of functional improvement, 18 visits over 6-8 weeks. There is however poor documentation justifying the reason home physical therapy is needed. Absent medical reasons which render her home bound, this would not be indicated. Therefore, the request is not medically necessary.