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| <b>Case Number:</b>   | CM14-0116885 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 09/19/2013 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 07/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/24/2014 |

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Orthopedic Surgery Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51 year old male who is reported to have sustained injuries to his low back on 09/19/13. The mechanism of injury is not described. The record contains a utilization review determination dated 07/10/14 in which a request for an anterior and posterior fusion and decompressive surgery at L4-5 was approved. The submitted records indicate that the injured worker underwent this surgical intervention on 02/12/14. The record includes a preoperative medical clearance dated 02/06/14. Per review of this document, an assistant surgeon and vascular surgeon were approved. Internal medicine clearance was approved. Postoperative physical therapy 2 x 8 was recommended. An off the shelf lumbar brace was recommended over an LSO brace. A 3-in-1 commode was recommended. 2 nights LOS in the hospital was recommended. A home health evaluation was non-recommended. A 30 day rental of a hospital bed with non-recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative Physical Therapy (not indicated frequency and duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for postoperative physical therapy is recommended as medically necessary. Per the CA MTUS, the injured worker would be authorized up to 24 sessions of postoperative physical therapy for his diagnosis and surgical intervention. Although physical therapy for post-operative rehabilitation would be appropriate, the request was not specified in terms of duration or frequency. As such, the request as submitted would not be medically necessary.

**Off the shelf lumbar brace:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar Spine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Back brace, post operative (fusion).

**Decision rationale:** The request for an off the shelf lumbar brace is not recommended as medically necessary. The record indicates that the injured worker underwent both an anterior and posterior lumbar interbody fusion. Standard of care in the immediate postoperative period and until the fusion mass matures is the provision of a lumbosacral orthosis. Therefore, the request is medically necessary..O.

**Home Health evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services (CMS) 2004

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home health services

**Decision rationale:** The request for a home health evaluation is recommended as medically necessary. The submitted clinical records as well as home health evaluation indicate that the injured worker lives with a teenaged son who is currently a high school student. As such, his support system is limited given that the caregiver is a teenager who is currently in high school and may or may not have a motor vehicle driver's license. As such, the home health evaluation was medically necessary.

**Home Health Nursing services:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services (CMS) 2004

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Home health services

**Decision rationale:** The request for home health nursing services is recommended as medically necessary. The records indicate that the injured worker's caregiver is a teenaged son who is currently in high school. This would limit the injured worker's ability to have supportive care during his immediate postoperative convalescence. As such, home health nursing support services are medically necessary.

**Thirty (30) day rental of a hospital bed:** 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) Lumbar: mattress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Other Medical Treatment Guideline or Medical Evidence: CMS: Hospital Beds. Manual Section Number 280.7 Version Number 1

**Decision rationale:** The request for a 30 day rental of a hospital bed is not supported as medically necessary. There is no data provided which would suggest that the injured worker's bed was inappropriate. Per the home health assessment, several suggestions were made to the injured worker on how to simply modify his bed for improved comfort. As such, the medical necessity for the rental of a hospital bed is not supported.

**Transportation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Transportation.

**Decision rationale:** The request for transportation is supported as medically necessary. It is noted that the injured worker lives with his teenaged son who is currently a student in high school. There is no data which establishes that the injured worker's son has a driver's license. Further, the injured worker's son must attend school on a daily basis and therefore, the provision of transportation to and from appointments would be medically necessary and appropriate.