

Case Number:	CM14-0180433		
Date Assigned:	11/05/2014	Date of Injury:	09/22/2013
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Spine Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 47-year-old male with a 9/22/13 date of injury. At the time (9/19/14) of request for authorization for Associated surgical service: 24 physical therapy sessions, Associated surgical service: Front wheeled walker purchase, and Associated surgical service: Transportation to and from hospital, there is documentation of subjective (low back pain radiating to the bilateral lower extremities with associated numbness and tingling sensation) and objective (tenderness to palpitation over the lumbar paraspinal muscles, positive straight leg raise test, decreased sensation over the dorsum of the foot, and weakness of the extensor hallucis longus, tibialis anterior, and gastrocnemius) findings, current diagnoses (cervical spine sprain/strain, lumbar spine L2 compression fracture, C5-C6 herniated nucleus pulposus with radiculopathy, and L4-L5 and L5-S1 disc herniation with radiculopathy), and treatment to date (epidural steroid injection and medications). Medical reports identify a pending bilateral laminectomy and discectomy at L4-5 and L5-S1 that has been certified/authorized. Regarding Associated surgical service: Front wheeled walker purchase, there is no documentation of personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Regarding Associated surgical service: Transportation to and from hospital, there is no documentation of disabilities preventing patients from self-transport.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 physical therapy sessions: 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: MTUS Postsurgical Treatment Guidelines identifies up to 16 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. ODG identifies that when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar spine L2 compression fracture, C5-C6 herniated nucleus pulposus with radiculopathy, and L4-L5 and L5-S1 disc herniation with radiculopathy. In addition, there is documentation of a pending bilateral laminectomy and discectomy at L4-5 and L5-S1 that has been certified/authorized. However, the requested 24 physical therapy sessions exceeds guidelines (for a course). Therefore, based on guidelines and a review of the evidence, the request for associated surgical service, 24 physical therapy sessions is not medically necessary.

Front wheeled walker purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home, as criteria necessary to support the medical necessity of a front wheeled walker. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar spine L2 compression fracture, C5-C6 herniated nucleus pulposus with radiculopathy, and L4-L5 and L5-S1 disc herniation with radiculopathy. However, there is no documentation of personal mobility deficit sufficient to impair the patient's participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service, Front wheeled walker purchase is not medically necessary.

Transportation to and from hospital: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Procedure Summary

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, Transportation

Decision rationale: MTUS does not address this issue. ODG identifies documentation of disabilities preventing patients from self-transport as criteria necessary to support the medical necessity of Transportation. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar spine L2 compression fracture, C5-C6 herniated nucleus pulposus with radiculopathy, and L4-L5 and L5-S1 disc herniation with radiculopathy. However, there is no documentation of disabilities preventing patients from self-transport. Therefore, based on guidelines and a review of the evidence, the request for Associated surgical service: Transportation to and from hospital is not medically necessary.