

Case Number:	CM15-0094979		
Date Assigned:	05/21/2015	Date of Injury:	01/19/2014
Decision Date:	07/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female, who sustained an industrial injury on 1/19/2014. The current diagnoses are status post lumbar surgery (4/24/2015), radiculopathy, and foraminal stenosis of the lumbar region. According to the progress report dated 3/24/2015, the injured worker complains of left leg pain. The level of pain is not rated. The physical examination reveals positive straight raise leg test on the left. The current medications are Tramadol and Gabapentin. Treatment to date has included medication management, x-rays, MRI studies, electromyography, epidural steroid injection, and surgical intervention. The plan of care includes home physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy, Lumbar Spine, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Pursuant to the chronic pain medical treatment guidelines, home physical therapy lumbar spine #1 is not medically necessary. Home exercise can include exercises with or without mechanical assistance or resistance and functional activities with assistive devices. Physical medicine guidelines allow for fading of treatment frequency of up to three visits per week to one or less, plus active self-directed home physical medicine. In this case, the injured worker's working diagnoses are radiculopathy; and foramina stenosis lumbar region. The patient was diagnosed with sprain of unspecified site of the left knee and leg, lumbar sprains and strains and sciatica. The subjective and objective documentation do not support the request for home postoperative physical therapy. There is no evidence the injured worker is confined to the home whereby home rehabilitation is clinically indicated. The documentation shows the injured worker underwent an L4 - L5 hemi-laminotomy and microdiscectomy. The request for authorization is dated April 29, 2015. There is a single progress note from the requesting physician dated March 24, 2015. There is no contemporaneous progress note with a clinical indication and rationale from the requesting physician for home physical therapy to the lumbar spine. According to a progress note dated May 20, 2015 (occupational medicine provider), the injured worker ran out of medications and followed up with the emergency department. Reportedly, the injured worker received morphine and antibiotics. The injured worker was told she had strep throat. The injured worker reportedly spit on emergency department nurse, had an altercation with local police and was ultimately arrested. The injured worker followed up with occupational medicine, again, on May 28 2015. She received Voltaren at that time. There is no clinical documentation indicating the injured worker is homebound and requires home postoperative physical therapy. The injured worker freely presents to the emergency department and occupational medicine provider for medication refills. Consequently, absent clinical documentation to support home physical therapy, home physical therapy lumbar spine #1 is not medically necessary.