

<b>Case Number:</b>	CM13-0005235		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine & Rehabilitation 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 physician 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:

This patient is a 50-year-old female who reported an injury on 03/04/2009. The documentation submitted for review indicates that the patient underwent left knee arthroscopy in 2011 with postoperative physical therapy completed as well as hyaluronic acid injections. The patient is also status post L4-5 and L5-S1 spinal reconstruction with notes detailing that the patient has completed 24 postoperative physical therapy sessions to date as well as 6 aquatic therapy sessions. The most recent clinical evaluation of the patient on 11/06/2013 indicated that the patient's postoperative aquatic conditioning program has been quite helpful in improving the patient's functional endurance. Notes indicate that the patient has also been given a prescription for a gym program to continue with aquatic sessions. On physical exam, it was noted preservation of normal lumbar lordosis with palpation of the paravertebral structures revealing tenderness without spasticity. There was also some tenderness over the right lumbosacral junction extending into the right gluteal area and into the right trochanter. Active range of motion was characterized by endpoint pain with flexion, extension, as well as lateral bending; however, the patient did not have any complaints in the spine neutral position. Examination of strength revealed 5/5 in all muscle groups in the lower extremities bilaterally. Sensation was intact to light touch and pinwheel and deep tendon reflexes were 2+ and symmetric. On imaging, the patient is noted to have findings of an interbody arthrodesis at L4-5 and L5-S1 with evidence of healing and pedicle screw rod construction appears to be anatomic in placement. Treatment plan notes indicated the patient was encouraged to continue with her walking program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unspecified amount of physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. CA MTUS post-surgical guidelines recommend 34 visits over 16 weeks following fusion with a postsurgical physical medicine treatment period of 6 months. While the documentation submitted for review indicates that the patient is status post multi-level reconstructive surgery of the lumbar spine, the patient is noted to have completed 24 postoperative physical therapy sessions and has undergone treatment with 6 aquatic therapy sessions to date. Moreover, the request for an unspecified amount of physical therapy visits is not supported by the Guidelines. Given the above, the request for unspecified amount of physical therapy is not medically necessary and appropriate.