

Case Number:	CM13-0006095		
Date Assigned:	08/27/2013	Date of Injury:	01/06/2009
Decision Date:	01/13/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/02/2013

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 Occupational Medicine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 59-year-old male who injured his foot and lumbar spine January 6, 2009. He has had multilevel laminectomy and foramenectomy on 1/25/13. MRI on 7/11/13 shows decreased stenosis and improved after surgery. He has had PT with relief from traction for right leg pain. There is no documentation of the number of PT sessions the patient had or any functional improvements from the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Patient is a 59-year-old male who injured his foot and lumbar spine January 6, 2009. He has had multilevel laminectomy and foramenectomy on 1/25/13. MRI on 7/11/13 shows decreased stenosis and improved after surgery. He has had PT with relief from traction for right leg pain. There is no documentation of the number of PT sessions the patient had or any functional improvements from the therapy. This request would exceed post surgical guidelines as the request is for PT over the 6 month period. There's no documentation as to the benefits of physical therapy on the patient's function and there's no record of goals of current physical therapy. Therefore the request for additional eight sessions of physical not medically necessary.

