

Case Number:	CM13-0007692		
Date Assigned:	09/10/2013	Date of Injury:	01/26/2012
Decision Date:	01/22/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	08/07/2013

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:

The patient is a 49-year-old female who reported an injury on 01/26/2012. The patient was status post bilateral laminotomy at L4-5 on 01/14/2013. The patient later underwent revision laminectomy at L4 bilaterally with repair of durotomy on 03/02/2013. Initial physical therapy evaluation on 05/07/2013 reported the patient had flexion of the lumbar spine with fingertips to the superior knees. The patient had 4/5 lower extremity motor strength. Physical therapy summary dated 06/20/2013 reported the patient completed 12 visits. The note reported active range of motion was unable to be assessed secondary to pain, as was motor strength. On 07/25/2013, the patient had complaints of 6/10 low back pain. On examination, the patient had tenderness to palpation over the lower lumbar paraspinal musculature with 5/5 lower extremity motor strength. The patient was recommended for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

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

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

Decision rationale: The documentation submitted for review fails to support the need for 12 additional sessions of physical therapy. The most recent notes failed to demonstrate any significant functional deficits to support continuation of a formal physical therapy program. The patient has been authorized for approximately 16 sessions of physical therapy status post surgical intervention. California Postsurgical Treatment Guidelines recommend up to 16 sessions of physical therapy status post lumbar decompression surgery. Therefore, the request for 12 additional sessions would exceed evidence-based guidelines for total duration of care. As such, 12 sessions of physical therapy are not medically necessary and appropriate.