

Case Number:	CM13-0008490		
Date Assigned:	03/07/2014	Date of Injury:	12/12/2008
Decision Date:	04/24/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/08/2013

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 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 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:

MTUS Postsurgical Treatment Guidelines supports 34 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months, for the postoperative management of lumbar fusion. ODG supports up to 34 visits post-operative physical therapy visits in the management of the cited condition/injury. Within the medical information available for review, there is documentation of a diagnosis of status post L5-S1 fusion 9/12/12 and 43 physical therapy sessions completed to date, which exceeds guidelines. In addition, given documentation of a 9/12/12 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Ten (10) Physical Therapy Sessions For The Lumbar Spine, Ten (10) Sessions As An Outpatient is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) PHYSICAL THERAPY SESSIONS FOR THE LUMBAR SPINE, TEN (10) SESSIONS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines supports 34 visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months, for the postoperative management of lumbar fusion. ODG supports up to 34 visits post-operative physical therapy visits in the management of the cited condition/injury. Within the medical information available for review, there is documentation of a diagnosis of status post L5-S1 fusion 9/12/12 and 43 physical therapy sessions completed to date, which exceeds guidelines. In addition, given documentation of a 9/12/12 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Ten (10) Physical Therapy Sessions For The Lumbar Spine, Ten (10) Sessions As An Outpatient is not medically necessary.