

Case Number:	CM13-0008842		
Date Assigned:	03/07/2014	Date of Injury:	07/06/2011
Decision Date:	04/11/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/07/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 30 year old male with a date of injury on 07/06/2011. On 06/22/2012 a lumbar MRI revealed a L4-L5 herniated disc with compression of the right L5 nerve root. On 02/21/2013 he had a L4 laminectomy with L4-L5 discectomy and foraminotomy. On 07/10/2013 an EMG/NCS revealed a chronic right L5 radiculopathy. He had 12 physical therapy visits between 03/07/2013 and 05/17/2013. However, I counted 16 daily physical therapy notes from 04/01/2013 to 05/17/2013. On 05/30/2013 he had a well healed scar. Strength was normal. Right L5 dermatome had decreased sensation. Lumbar range of motion was about 10 to 15 degrees decreased. Reflexes were normal. On 07/10/2013 he had a follow up office visit. He was doing his home exercise program. He still had back pain radiating to both calves. Lumbar range of motion is 10 to 20 degrees decreased. Straight leg raising on the right is positive. Right L5 dermatome has decreased sensation. On 08/09/2013 lumbar range of motion was 10 to 20 degrees decreased. Straight leg raising on the right was positive. Muscle strength was normal. Right L5 dermatome was decreased in sensation. He was back to full time work with restriction of lifting more than 15 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SESSION OF POST-OPERATIVE PHYSICAL THERAPY BETWEEN 7/19/13 AND 9/2/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS: ACOEM 2ND EDITION, LUMBAR LAMINECTOMY/DISCECTOMY POST OPERATIVE, PAGE 26

Decision rationale: The request for additional physical therapy that had a determination date of 07/19/2013 did not have the number of physical therapy visits requested. Since there would be a minimum of one visit requested that is the review. MTUS page 26 notes that the maximum number of post-operative physical therapy visits for lumbar laminectomy/discectomy is 16 visits over 6 months. He already had 16 physical therapy visits prior to this request for additional physical therapy. He was already transitioned to a home exercise program. Additional physical therapy would not be consistent with the MTUS guidelines. Also, there is no documentation that continued formal physical therapy is superior to a home exercise program.