

Case Number:	CM13-0016718		
Date Assigned:	11/06/2013	Date of Injury:	10/15/2009
Decision Date:	02/03/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 and Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 59-year-old male who reported an injury on 10/15/2009 due to cumulative trauma ultimately resulting in an L4-S1 anterior posterior fusion. The patient was treated postoperatively with 36 sessions of physical therapy. The patient's most recent clinical examination findings included episodic low back pain with discomfort noted with prolonged activities. Physical findings included gait pattern without a limp, a negative straight leg raising test, normal sensation of the lower extremities, and normal strength of the lower extremities. The patient's diagnoses included lumbosacral sprain/strain with aggravation of pre-existing pathology including spondylolisthesis, status post posterior fusion L4-5 and L5-S1. The patient's treatment plan included medical management of acute flare ups of pain of the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve (12): 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): s 98-99.

Decision rationale: The requested physical therapy 12 times a week is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient receive extensive postsurgical physical therapy. California Medical Treatment Utilization

Schedule recommends that patients should be transitioned into a home exercise program to maintain function levels obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any barriers that would preclude further progress of the patient while participating in a home exercise program. Additionally, there is no recent evaluation to support an acute exacerbation of the patient's chronic symptoms related to hardware implementation. Although a short course of therapy to include 2 to 3 visits may be supported to re-establish and re-educate the patient in a home exercise program, the requested 12 visits would be considered excessive. As such, the requested physical therapy for 12 visits is not medically necessary or appropriate.