MAXIMUS Federal Services

Case Number:	CM13-0016748		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2012
Decision Date:	03/19/2014	UR Denial Date:	08/19/2013
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 ,has a subspecialty in Interventional Spine 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 55-year-old male with date of injury on March 2012. The progress report dated 08/07/2013 by [redacted] indicates that the patient's diagnoses include: 1. Doing well, status post right L4-L5 microdiscectomy. 2. Residual right leg pain along the L4-L5 dermatome, slowly improving. 3. Improvement of back pain. 4. Subjective mild right quadriceps weakness. The patient is 3 months status post right L4-L5 microdiscectomy. He had an intraoperative dural repair which slowed his recovery and required 2 days of hospitalization. He reported improvement of his right-sided leg pain initially following surgery, though some of the pain and numbness has recurred. He also reports mild right quadriceps weakness, and his right leg gives out if he stands or walks for prolonged periods. His back pain has almost completely resolved. He has completed approximately 12 physical therapy sessions postoperatively which improved his pain and strength in his right leg. He takes walks daily. The patient is motivated to return to full-time work. Exam findings include incision is well-healed. He walks with an upright and non-antalgic gait. He is able to perform toe and heel walk without difficulty as well as single leg stance. Straight leg raise test is positive on the right side at 50 degrees reproducing the right calf and buttock pain. Motor and sensory exam are grossly intact. It was noted that the patient continued to do well with mild and steady improvement of his right leg pain and significant improvement of his back pain. The subjective mild right quadriceps weakness is likely due to deconditioning and can improve with 6 more sessions of physical therapy to focus on quadriceps and gastrocnemius conditioning. Since his job requires prolonged standing, I encouraged him to increase his walking distance and time. His goal is to return to full-time work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xweek for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient is 3 months status post right L4-L5 microdiscectomy. He continues to make steady improvement of his right leg pain and significant improvement of his back pain. The treating physician indicates that his right quadriceps weakness is likely due to deconditioning and can improve with an additional 6 sessions of physical therapy focused on quadriceps and gastrocnemius conditioning. Postsurgical treatment guidelines for discectomy surgery indicate 16 visits over 8 weeks. The postsurgical physical medicine treatment period is 6 months. Postsurgical treatment guidelines also state that if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, a physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has completed 12 sessions of physical therapy, and the treating physician feels that the patient would benefit with an additional 6 sessions to focus on strengthening of quadriceps and gastrocnemius muscles. Treatment guidelines appeared to support the ongoing physical medicine during the postsurgical treatment time. Therefore, authorization is recommended.