

Case Number:	CM13-0017334		
Date Assigned:	12/27/2013	Date of Injury:	06/06/2011
Decision Date:	04/28/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/28/2013

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 Orthopedic Spine Surgery 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 31-year-old male with the date of injury of June 6, 2011. He complains of chronic low back pain. He underwent left L4-5 and L5-S1 microdiscectomy surgery May 2012. In January 2013 he underwent L4-S1 fusion decompressive surgery. The medical records indicate that the patient has received 36 postoperative physical therapy visits today. In July 2013 a physiatrist is noted that the patient states he is 40% improved with respect to how he was doing after his surgery. He takes NSAID medication. He also takes Vicodin for pain. He continues to have back and left lower extremity pain. At issue is whether additional physical therapy 1-3 times per week for a week's is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY, 1 TO 3 TIMES A WEEK FOR 8 WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The established guidelines for additional physical therapy on not met. The guidelines indicate that this patient has clearly exceeded the allotted number of visits for back pain physical therapy. The patient has also exceeded a number of visits for postsurgical physical

therapy. Additional physical therapy visits are not medically necessary because this patient has early exceeded the established number physical therapy visits per guidelines. The patient has received 36 postoperative physical therapy visits and notes overall improvement. It also appears that the patient's home care program is providing clinical benefit based on the medical records. In addition, the medical records do not include any statement identifying why an independent home exercise program would not be sufficient to address any remaining functional deficits respect to this patient's chronic back pain. The medical necessity for additional physical therapy treatments has not been established. Additional formal physical therapy should be denied.