

<b>Case Number:</b>	CM13-0020615		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/04/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Surgery and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 10/04/2010. The mechanism of injury reportedly occurred when the hood of a truck came towards the injured worker and pushed him down. His diagnoses were noted as degeneration of the lumbar intervertebral disc and spinal stenosis of the lumbar region. His previous treatments included epidural steroid injections, physical therapy, aquatic therapy, medications, and trigger point injection. His diagnostics included several lumbar spine MRIs, x-rays, and electromyography nerve conduction velocity test. His surgeries consisted of a right shoulder rotator cuff repair in 2008 and L5-S1 transforaminal lumbar interbody fusion and axis lumbar interbody fusion on 07/23/2012. On 07/25/2013, the injured worker complained of pain in his low back that was present all the time and radiated to his left thigh. He also reported neck pain that was present all the time and radiated to his left shoulder blade and left arm. The physical examination done on 07/23/2013 revealed 5/5 motor strength of the lower extremities. There was full range of motion with pain, straight leg raise was negative, and lumbosacral tenderness. His medications were noted as Percocet 5/325 mg 1 tablet as needed, Cymbalta 30 mg 1 capsule twice a day, glipizide 5 mg, Methocarbamol 750 mg, metformin HCL 500 mg, and OxyContin extended release 20 mg 1 tablet every 12 hours. The treatment plan was for physical therapy 3 times a week x 3 months. The rationale for the request and the Request for Authorization form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 TIMES A WEEK TIMES 3 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** Based on the clinical information submitted for review, the request for physical therapy 3 times a week x 3 months is not medically necessary. According to the California Postsurgical Treatment Guidelines, 34 visits over 16 weeks of postsurgical physical medicine treatment is recommended. The injured worker was status post L5-S1 fusion. The injured worker reported that his low back pain was present all the time and radiated to his left thigh. The lower back pain increased with lifting, bending, prolonged sitting, prolonged walking, prolonged standing, climbing, pushing, pulling, and twisting. Her reported having tingling and numbness in his 2nd, 3rd, 4th, and 5th toes and had weakness in his left leg. It was noted that he did very well ambulating with occupational therapy/physical therapy postoperatively with resolution of his preoperative left leg sciatica. Although the guidelines indicate up to 34 visits over 16 weeks, it was unknown as to how many visits the injured worker had completed due to insufficient clinical documentation submitted for review. Furthermore, it was unclear as to what functional gains and pain improvement he had with the postoperative physical therapy. It was unknown as to what physical therapy activities such as a home exercise program the injured worker was doing on top of the injections he was receiving to help with pain relief. The request of 36 physical therapy visits overly exceeds the recommended 34 visits over 16 weeks by the guidelines. Furthermore, the request does not specify the specific body part requiring physical therapy. As such, the request for physical therapy 3 times a week x 3 months is not medically necessary.