

Case Number:	CM13-0020817		
Date Assigned:	12/11/2013	Date of Injury:	07/15/2011
Decision Date:	02/10/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 50 year old male who reported an injury on 07/15/2011. The mechanism of injury information was not provided in the medical record. Review of the medical records revealed the patient was previously approved for physical therapy. According to clinical note dated 10/14/2013 the patient was not able to participate in the previously approved therapy due to acquiring an infection post-surgery. He underwent a micro-decompression of the left lumbar spine on June 14, 2013. The patient had psoriatic arthritis, and was given Gabapentin, Norco, and an anti-inflammatory medication to treat pain, and any inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3 x 4 for lumbar: 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): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: CA MTUS Postsurgical Guidelines state the postsurgical physical medicine treatment period for a discectomy and laminectomy is 6 months. California MTUS states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for

restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient's surgery was performed on 06/14/2013. California MTUS recommends 9-10 physical therapy visits over 8 weeks. The requested 12 visits exceed that recommendation. Also there are no documented objective clinical findings of the patient having functional deficits and to what degree the deficits are. There is not a sufficient amount of clinical documentation of the patient pain levels pre and post-surgery and/or pre or post the infection. The requested service cannot be regarded as postsurgical therapy due to the time that has past. Any deficits, if any that are present are considered chronic at this time. As such the requested service exceeds that which is recommended by California MTUS; therefore the request for Physiotherapy 3 x 4 for lumbar is non-certified.