

Case Number:	CM13-0021684		
Date Assigned:	11/13/2013	Date of Injury:	02/08/2013
Decision Date:	03/28/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 45 year-old with a date of injury of 02/08/13. The mechanism of injury consisted of a wall falling on him at a construction site. He suffered a burst fracture of L4 and underwent a lumbar fusion on 02/08/13. Outpatient physical therapy was authorized and begun on 03/07/13. Treatment has included 47 visits of physical therapy. The most recent PT report on 07/30/13 noted improved function but continued pain and weakness. The most recent progress report included by [REDACTED], dated 11/05/13, does not specify any specific subjective complaints. Objective findings included some limitation in range of motion, 5/5 strength, and sensation diminished slightly in L5 - S1 dermatome. Diagnoses indicate that the patient is status post L4 burst fracture. Treatment now recommended is further physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (6-8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): s 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The current request is for additional physical therapy. The California MTUS Postsurgical Guidelines for fracture of the vertebral column with spinal cord injury allow 48

visits over 18 weeks, with a postsurgical physical medicine treatment period of 6 months. They further state that if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient has received this therapy and the postsurgical physical medicine period for this patient ended on 08/08/13. The Chronic Pain Guidelines allow for fading of treatment frequency (from 3 visits per week to 1 or less), which has occurred over the treatment period. Therefore, further physical therapy is not medically necessary.