

Case Number:	CM13-0022607		
Date Assigned:	11/13/2013	Date of Injury:	09/28/2002
Decision Date:	03/18/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/10/2013

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:

This 46 year-old male sustained an injury on 9/28/02 while employed by [REDACTED], [REDACTED]. Request under consideration include twelve physical therapy visits, three times a week for four weeks, for the lower back. Report from provider on 6/21/13 noted patient having hardware removal surgery in April 2013 with well-healed incision, mild spasm and tenderness in paravertebral lumbar spine musculature; decreased range of motion in flexion and extension; decreased sensation in L4 and L5 dermatomal level bilaterally. Follow-up of 7/19/13 noted similar clinical findings with recommendation to start post-hardware removal surgery rehabilitation. Request above for 12 visits for lower back was modified on 8/23/13 to 6 physical therapy visits with further consideration pending necessity citing guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Physical Therapy visits, three times a week for four weeks for the Lower Back:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This 46 year-old male sustained an injury on 9/28/02 while employed by [REDACTED]. The patient underwent lumbar surgery in April 2013 for hardware removal. Follow report in June and July 2013 from provider noted well-healed incision with mild tenderness and spasm to start Physical Therapy. Request above for 12 visits for lower back was modified on 8/23/13 to 6 physical therapy visits with further consideration pending necessity citing guidelines criteria. The Chronic Pain Guidelines, post-operative therapy allow for physical therapy visits for lumbar surgical repair; however, is silent on quantity and duration of rehabilitation for hardware removal surgery. The surgery is now 11 months passed and submitted reports have not adequately demonstrated the indication to support further physical therapy beyond what has been previously certified. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this 2002 injury. It is unclear how many total PT visits have been completed or what functional improvement has been benefited. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The twelve physical therapy visits, three times a week for four weeks, for the lower back are not medically necessary and appropriate.