

Case Number:	CM13-0023271		
Date Assigned:	11/15/2013	Date of Injury:	08/17/1981
Decision Date:	01/28/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/12/2013

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 underlying date of injury in this case is 08/17/1981. The patient's primary diagnosis is a congenital musculoskeletal deformity of the spine. The patient is status post a fusion from L2 through the sacrum of 04/13/2013. Postoperatively, the patient attended physical therapy 3 times a week for 6 weeks. The patient has reported ongoing pain in the right leg. Overall, the patient has undergone at least 25 postsurgical physical therapy sessions. The prior physician reviewer notes that the treating provider has requested physical therapy due to a concern about exacerbations, although there is no specific exacerbation documented presently. Therefore, the reviewer recommended that this request be noncertified. As of 09/03/2013, the patient was seen in followup by her treating provider. The patient had questions regarding her inability to sit or stand for a prolonged period of time. That report from the supervising physician assistant notes that at that time the patient had in home physical therapy but not otherwise postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2-3 times per week for 4 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: California Medical Treatment Utilization Schedule postsurgical treatment guidelines of the low back recommends, "Postsurgical treatments status post fusion: 34 visits over 16 weeks... Postsurgical physical medicine treatment: 6 months." I note, as well, that the general instructions in the postsurgical treatment guidelines, section 24.3, states, "With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. 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." This patient arguably could receive additional physical therapy consistent with these treatment guidelines in terms of the number of visits. However, the guidelines specifically recommend that such postoperative therapy be based on specific functional goals, which were not documented at this time. At this time, the rationale or indication for specific proposed goals and methods of further physical therapy treatment are not apparent. The guidelines have not been met. This request is not medically necessary.