

<b>Case Number:</b>	CM13-0024871		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/18/1998
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient was a 48 year old male at the time of injury and now is 62 years old. The injury occurred on 8/18/98. Patient fell, sustaining an injury to the bilateral knees and back. The injury later affected patient in multiple ways including (but not limited to) affecting his sleep, weight, left side of his body and foot. Patient chronic pain syndrome with multiple back procedures including spinal cord stimulator placement, which became infected, patient continues with pain. He has had multiple physical therapy visits but continues with pain. He was able to work until 2008. He stopped when the recession hit the automobile industry. He states that he had ongoing pain but was functional, meaning being able to walk without a walker, until 2011. He states that after the MRSA infection, his ability to function decreased. He states that he was getting benefit from the spinal cord stimulator, but he would not replace it. He had MRSA and he has had the hardware removed and the spacer at L5-S1, so that he has essentially a "total dislocation of L5 on S1" per documentation. Additionally per documentation he has had 24 sessions of pool therapy. Per primary treating physician note, he is now uses a wheelchair. He is able to walk several feet without a walker and 20-30 feet with a walker. He is not able to get up from the floor. The clearly defined functional goals per primary treating physician would be able to dust mop the floor while holding the walker. He states he is doing a home exercise program including, "isometrics, stand on my toes and tummy tucks. A request was made for the patient to have available eighteen additional sessions of physiotherapy 2-3 x per week for 6 weeks. He states that he was getting stronger from his 24 sessions of pool therapy. "I was able to put my own shoes and socks and take a shower." Prior request for PT was denied due to not having documentation of the specific number of PT visits defined over the past 12 months as well as documentation of specific cli

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 2-3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 12,25.

**Decision rationale:** The request for physiotherapy 2-3 x per week for 6 weeks is not medically necessary per MTUS guidelines below. There is no clear documentation submitted from prior physical therapy visits regarding the functional improvements patient has made or exactly how many PT visits he has attended. It appears on 1/28/13 -Post Op-Physical therapy-2.-3 times/week x 6 weeks certified, however there is no submission of detailed progress made during this therapy . Per MTUS guidelines there should be a fading of frequency with an active self directed home program. Physical Medicine Postsurgical treatment recommendations (for discectomy/laminectomy) is 16 visits over 8 weeks per MTUS guidelines. It appears patient was certified for up to 18 post op visits in documentation submitted. At this point he should be proficient in a self directed home program. There is no evidence of an acute post surgical exacerbation that would indicate the need for further therapy.