

Case Number:	CM13-0033856		
Date Assigned:	12/06/2013	Date of Injury:	01/07/2011
Decision Date:	04/28/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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:

Injured worker reported a date of injury of 1/7/2011. Per primary treating physician's progress report addendum, the injured worker complains of pain, reduced range of motion, and impaired activities of daily living. She is status post left L4-L5 microdiscectomy on 3/27/2013, and she continues to have leg pain when she does long walks. She complains of pain in the bottom of the left foot radiating from the back. On exam there is some stiffness of the lumbar spine. Diagnosis is lumbar disc herniation, status post microdiscectomy. Treatment has already included 18 post operative physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR 6 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 Page(s): 28.

Decision rationale: The post surgical period is 6 months, and the recommended postsurgical physical therapy recommendations are 16 visits over 8 weeks. The injured worker has already had 18 sessions of postoperative physical therapy. There is not medical documentation to support

physical therapy beyond the recommendations from the guidelines. Therapist guided physical therapy should include instructions on a home exercise plan, and as the patient reaches the end of their therapy sessions they are prepared to continue with a home exercise plan. The injured worker appears to be doing this with her reporting long walks. The request for physical therapy twice a week for six weeks for the lumbar spine is determined to not be medically necessary.