

Case Number:	CM13-0035966		
Date Assigned:	12/13/2013	Date of Injury:	08/09/2011
Decision Date:	02/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 patient is a 60 year old male Truck Driver who sustained a low back injury on 8/9/11 while employed by [REDACTED]. Request under consideration include additional Lumbar physical therapy 2x/week x 4 weeks. The patient is s/p Lumbar Laminectomy on 6/7/13. Physical therapy report dated 8/2/13 indicated the patient has completed 16 PT sessions. Report on 8/9/13 noted patient has history of diabetes with complaints of continued foot drop, slowly improving; is 2 months post-surgery, Therapy seems to help, ambulates with cane. Exam showed lumbar flexion 35, extension 0, lateral bend/rotation 5 degrees with right EHL 4/5, DTRs bilateral Achilles; Diagnoses included spinal stenosis, Foot-drop. Request for additional therapy was non-certified on 9/27/13, citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Lumbar physical therapy 2x/week x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Post-op Physical Therapy Page(s): 15-16.

Decision rationale: The patient is a 60 year old male Truck Driver sustained a low back injury on 8/9/11 while employed by [REDACTED]. Request under consideration include additional Lumbar physical therapy 2x/week. The patient is s/p Lumbar Laminectomy on 6/7/13. Physical therapy report dated 8/2/13 indicated the patient has completed 16 PT sessions. Report on 8/9/13 noted patient has history of diabetes with complaints of continued foot drop, slowly improving; is 2 months post-surgery, Therapy seems to help, ambulates with cane. Exam showed lumbar flexion 35, extension 0, lateral bend/rotation 5 degrees with right EHL 4/5, DTRs bilateral Achilles; Diagnoses included spinal stenosis and foot-drop. The Chronic Pain Guidelines, post-operative therapy allow for 16 visits over 8 weeks for Lumbar laminectomy surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over 8 months without report of functional improvement from therapy treatment already rendered. The Additional Lumbar physical therapy 2x/week x 4 weeks is not medically necessary and appropriate.