

Case Number:	CM13-0039733		
Date Assigned:	12/20/2013	Date of Injury:	11/09/1995
Decision Date:	05/30/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/09/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 64-year-old woman who sustained a work related injury on November 09 1995. Subsequently, she developed low back pain with radiation into both legs. According to notes dated on August 15, 2013, the patient continued to have back pain. The patient was treated with 12 sessions physical therapy which have been beneficial in increasing strength in bilateral the bilateral lower extremities and increasing range of motion on physical examination, the patient was walking with a walker. The patient underwent lumbar laminectomy on April 17, 2013. The patient reported that he has no sensation in both legs with inability to have a bowel movement for 2 weeks post-surgery. According to the note of September 10, 2013, patient physical examination demonstrated crusted incision site. No weakness was documented. No pain was documented. The provider requested authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Guidelines for physical therapy recommend a fading of treatment frequency and a transition into a home exercise program. There is no documentation or rationale for not using a home exercise program at this point in the treatment. There is no documentation that the patient has a residual condition that would respond to more supervised physical therapies. There is no documentation of residual pain or weakness. Therefore the request for additional physical therapy is not medically necessary.