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| Case Number: | CM13-0043356 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/11/2001 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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 Internal Medicine and is licensed to practice in New York. 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 38 year old male who sustained a low back injury trying to keep a pipe from falling with a date of injury on 05/11/2011. On 07/18/2012 he had a L5-S1 discectomy, decompression laminectomy, fusion and instrumentation. On 10/03/2012 a CT lumbar myelogram noted solid fusion at L5-S1. A right lower extremity EMG was approved on 03/2013. The review dated 10/17/2013 noted that the patient had 68 post operative physical therapy visits. On 09/27/2013 and on 10/10/2013 requests for additional physical therapy (8 visits) were denied. This review is an appeal of the denied 8 visits of physical therapy to the lower back because of continued pain. On 10/17/2013 a reviewer spoke to the AP who noted that he had physical therapy 2 months ago and has back pain, foot drop (noted after the surgery) despite the 68 visits of physical therapy post operatively to date. He also has a decreased range of motion. He had multiple physical therapy visits at [REDACTED] in 2013 (01/10/2013 there were 8 visits certified, 03/03/2013 there were 8 visits certified, 04/29/2013 there were 8 visits certified). On 08/14/2013 he was evaluated by [REDACTED] and there was no improvement in his pain symptoms. (despite physical therapy visits noted above). On 09/11/2013 he had an evaluation by [REDACTED] and the patient noted that he could "sit, stand, bend forward, bend, walk for long periods of time, stoop, squat, sit and stand for longer periods, twist, walk, kneel turn, carry, climb, pull, push, lift and perform exercises by himself despite marked pain." Lower extremity muscle strength was 5/5. There was decreased sensation along the L5-S1 dermatomes at the right. Lower extremity reflexes were normal. He had a normal lumbar lordosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Upheld

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

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

Decision rationale: To meet the chronic pain treatment guidelines for continued physical therapy there must be objective documentation of functional improvement in the activities of daily living. This was not documented after a protracted course of physical therapy. On 08/14/2013 there was no improvement in his pain symptoms or functionality despite the 24 visits of physical therapy noted earlier in 2013. The 09/11/2013 description of his activities leaves little if any ability to improve from continued physical therapy since his muscle strength was normal and he was able to walk, pull, push, lift, squat, sit, stand, carry and bend despite the pain. He has already had more physical therapy visits than the maximum for ODG post lumbar fusion and should have already been transitioned to a home exercise program. The 09/11/2013 activity description noted that he was already transitioned to a home exercise program. There is no documentation that continued formal physical therapy after 68 visits is superior to a home exercise program. The ODG for lumbar disc surgery is a maximum of 48 physical therapy visits over a period of 18 weeks. He has already had 68 visits of physical therapy and it's more than 18 months after the lumbar fusion. The requested additional physical therapy is not consistent with the ACOEM (chronic pain) and ODG Guidelines for post operative physical therapy for discectomy/fusion and is not medically necessary.