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| Case Number: | CM13-0045596 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/29/2011 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 09/30/2013 |
| Priority: | Standard | Application Received: | 10/24/2013 |

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 Orthopedic Surgery, has a subspecialty Certificate in Fellowship trained in Spine Surgery 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 51-year-old female who reported an injury on 08/29/2011 after she fell off a ladder, which caused injury to her thoracic and lumbar spine. The patient was initially treated with medications, epidural steroid injections, and surgical intervention, which failed to resolve the patient's pain. The patient underwent an MRI that revealed a diffuse disc bulge at the L5-S1 in combination with facet joint arthropathy and multilevel degenerative changes. It was also noted that there was evidence of a right L5 laminectomy with possible L5 laminotomy. The patient's most recent clinical examination included mild tenderness to palpation of the cervical spine with restricted range of motion. Examination of the lumbar spine revealed tenderness to palpation throughout the lumbosacral region on the right side with decreased motor strength and diminished sensation to pinprick in the L5 dermatomes. The patient's diagnoses included L5-S1 disc degeneration and L5-S1 right sided lumbar radiculopathy and cervical spondylosis at the C3-4 and C4-5. The patient's treatment plan included physical therapy of the cervical spine, lumbar fusion, and continuation of medications.

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 ACOEM Page(s): 305-307, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back - Length of stay (LOS): Lumbar support.

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

Decision rationale: The requested Physical Therapy is not medically necessary or appropriate. The request as it is written does not clearly define the body part that the requested physical therapy should focus on. Additionally, there is no duration or frequency of the requested therapy. The clinical documentation submitted for review does support that the request is written for cervical physical therapy. The clinical documentation indicates that the patient received cervical spine physical therapy previously. The efficacy of the previous therapy was not addressed in the documentation. Additionally, as the patient has previously participated in physical therapy, the California Medical Treatment and Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any barriers that would preclude progress of the patient while participating in a home exercise program. As such, the requested Physical Therapy is not medically necessary or appropriate.