

Case Number:	CM13-0048549		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2012
Decision Date:	05/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/06/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

This patient is a 47-year-old female who was injured on 9/12/12. The medical records provided for review indicate complaints about the low back with a recent clinical assessment dated 11/8/13 showing continued complaints of pain. Medical records provided for review indicate the patient has been utilizing physical therapy as well as a Polar Care unit and medication management. Objectively, there was negative straight leg raise and a normal gait pattern. There was a healed prior surgical lumbar wound with no documented neurologic findings. The claimant's working diagnosis is status post L5-S1 laminectomy and decompression on 7/25/13. The plan at that time was for continuation of physical therapy twice per week for six additional weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines allow up to sixteen visits of physical therapy following discectomy over an eight week period of time with post-operative treatment being that of six months. The medical records provided for review indicate that the claimant has utilized a significant course of physical therapy and is now greater than six months since the time of surgery. The specific request absent of significant clinical findings as requested for twelve additional sessions would not be supported. It would be unclear at this stage in the claimant's post-operative course of care as to why transition to a home exercise program could not occur. The request is not medically necessary and appropriate.