

<b>Case Number:</b>	CM13-0054180		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/20/2002
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Illinois. 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 57-year-old injured worker who reported an injury on 11/20/2002. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar spinal stenosis. The patient was seen by [REDACTED] on 10/22/2013. It is noted that the patient recently underwent surgery for spinal stenosis on 05/29/2013. The patient was transferred to a nursing home and eventually transitioned into his home with a team of professional assistants. The patient is non-ambulatory and cannot take more than 3 steps without assistance. Physical examination revealed 25% loss of cervical range of motion, tenderness to palpation of bilateral shoulders, positive Apley's testing bilaterally, limited lumbar range of motion, limited hip examination, and 4/5 strength of bilateral lower extremities. Treatment recommendations included occupational therapy 2 to 3 times per week for 8 weeks, home nursing 3 times per week for 6 weeks, home health care 24 hours per day 7 days per week for the next 8 weeks, and physical therapy outpatient program on a 3 times per week basis for 10 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 outpatient physical therapy visits:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, it is noted that the patient recently underwent surgery for spinal stenosis on 05/29/2013. However, the specific type of surgery completed was not specified. The California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy. Postsurgical treatment following a discectomy or laminectomy includes 16 visits over 8 weeks and postsurgical treatment following a fusion includes 34 visits over 16 weeks. Although the patient's surgical procedure is not specified, the current request for 30 outpatient physical therapy visits would exceed Guideline recommendations. The request for 30 outpatient physical therapy visits is not medically necessary and appropriate.