

Case Number:	CM13-0054275		
Date Assigned:	04/23/2014	Date of Injury:	08/25/2011
Decision Date:	05/23/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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:

The injured worker is a 63-year-old female who reported an injury on 8/25/11 due to repetitive trauma. The injured worker sustained an injury to her low back that ultimately resulted in fusion surgery. The injured worker was evaluated on 9/24/13. It was documented that the injured worker had completed 18 visits of physical therapy and was participating in a home exercise program. It was also noted that the injured worker had continued back pain complaints, especially at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) SESSIONS OF PHYSICAL THERAPY, POST LUMBAR FUSION: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California MTUS recommends up to 34 visits of physical therapy in the postsurgical management of a lumbar fusion. The clinical documentation submitted for review indicates that the injured worker has completed 18 visits of physical therapy; however, the injured worker continues to have pain complaints. The MTUS does support the use of physical

medicine to address ongoing postsurgical pain complaints. As the requested six sessions in combination with the previously completed 18 sessions falls within the recommended 34 visits, additional therapy for this injured worker would be appropriate. As such, the request is medically necessary and appropriate.