

Case Number:	CM13-0054353		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2008
Decision Date:	11/03/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Alabama. 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 patient is a 56 year old female who was injured on 10/20/2008. The mechanism of injury is unknown. Progress report dated 09/11/2013 states the patient presented with complaints of pain at the bottom of her foot and a prickly sensation in her right leg and numbness of the right foot. On exam, she had tenderness of the left paraspinals. Lateral bending was at 10-20 degrees with mild pain; extension at 10-20 degrees with mild and with forward flexion, he was able to reach 25 degrees. Straight leg raise is positive on the left. The patient is diagnosed with primary radiculopathy, lumbar intervertebral disc degeneration, grade I spondylolisthesis, and lumbar stenosis. This patient was recommended for postoperative therapy twice a week for 6 weeks as per RFA dated 10/07/2013 as the patient had a pending authorization for the right L3-4 microdiscectomy documented. Prior utilization review dated 10/25/2013 states the request for Post-Operative Physical Therapy Twice a Week for Six Weeks for The Lumbar Spine is not certified based on clinical evidence submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Postsurgical Physical Medicine Treatment Recommendations Page(s): 11-27.

Decision rationale: The above ODG guidelines for low back physical therapy for post-surgical treatment of disc disorders recommends up to 48 visits. In this case, note from 9/11/13 reports a diagnosis of radiculopathy, degeneration lumbar intervertebral disc, spondylolisthesis, and lumbar stenosis." It also states "request authorization for right L3/4 microdiscectomy." Because there is no further provided documentation of the microdiscectomy surgery already being approved, it is assumed that the surgery request is not yet authorized. Therefore, the request for post-operative PT is also not authorized at this time. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.