

Case Number:	CM13-0056490		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2012
Decision Date:	05/06/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 09/14/2012. The mechanism of injury was not provided. Current diagnoses include spinal stenosis and obesity. It is also noted that the injured worker is status post laminectomy at L3 through L5 with excision of epidural lipomatosis. The only progress note submitted for this review is documented on 10/03/2013. The injured worker reported 5/10 pain. Physical examination was not provided. It was noted that the injured worker reported significant improvement in lower back pain and tightness. However, the injured worker continued to demonstrate increasing lower back pain and comorbid right knee pain. Treatment recommendations at that time included continuation of physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) POST-OP PHYSICAL THERAPY TO LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 2-3.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 25-26.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a laminectomy includes 16 visits over 8 weeks. The injured worker has completed an unknown amount of postoperative physical therapy to date. There is no evidence of objective functional improvement as a result of the ongoing physical therapy. There was also no updated physician progress report submitted for this review. Without evidence of objective functional improvement, ongoing therapy cannot be determined as medically appropriate. As such, the request is non-certified.