

<b>Case Number:</b>	CM13-0056946		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/16/2003
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient has a [REDACTED] and a date of injury 6/15/03. His diagnoses have included a left impingement syndrome and partial rotator cuff tear on the right side; lumbar disc protrusion at L5-S1 and lumbar radiculitis. Patient is status post a second spine surgery involving a microdiscectomy, L5-S1 for a lumbar disc herniation with severe right S1 radiculopathy, on 7/19/13. He is status post a first lumbar spine surgery by previous treating physician involving a laminotomy of L3-L4, L4-L5, and L5-S1 in December of 2012. Documentation indicates he had post op PT after this surgery but it is not clear how many sessions. There is a request for 12 additional post-op physical and strengthening therapy for the lumbar spine. The 11/14/13 follow up note from the secondary treating physician (orthopedic surgeon) stated that the patient had an L3 through S1 microdecompression on December 13, 2012. He is continuing to complain of right leg pain interfering with activities of daily living in his home exercise program. Physical examination shows spasm, tenderness, and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. There is decreased sensation is noted in the right L5 and S1 dermatomes with pain. The patient will now accept Tramadol for his breakthrough pain in order to allow him to perform more vigorous home exercise. A 10/22/13 physician note states that it should be recalled this is the second lumbar spine surgery for the patient. He had a prior surgery by a previous treating surgeon approximately six months prior to this recent surgery. Documentation states that the patient has completed twelve sessions of physical therapy. There was a recommendation for additional physical therapy twice a week for six weeks. The document states that the patient is deconditioned. He has had two surgical procedures in the last nine months. Additional physical therapy will certainly assist in his recovery, reduce his pain and quicken his return to the workforce. A 10/22/13 physician office note indicates that the patient is

improving steadily and has a well healed lumbar surgical incision. There is slight restriction on range of motion. There is pain with range of motion. Neurologic exam is grossly intact.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy: 12 additional post-op physical and strengthening therapy for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** Requested 12 additional post-op physical and strengthening therapy for the Lumbar Spine are not medically necessary per MTUS guidelines. The MTUS post surgical treatment guidelines recommend 16 visits for a surgery involving discectomy/laminectomy. Documentation is not exactly clear on how many post op PT visits the patient has had but it appears he has had at least 12 PT visits for his second surgery. An additional 12 post op visits would exceed the recommended number of visits for his condition and are not medically necessary. There are no extenuating circumstances that would warrant 12 additional PT visits. Considering this is patient's second surgery and documentation states he has had post surgical therapy after the first surgery he should be extremely well versed in a home exercise program at this point.