

Case Number:	CM13-0058135		
Date Assigned:	12/30/2013	Date of Injury:	09/23/2011
Decision Date:	03/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in 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 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 55-year-old female with a date of injury of 09/23/2011. The listed diagnoses by [REDACTED] dated 10/17/2013 are lumbar disk degenerative disease, spondylolisthesis, and non-union fracture. According to the report dated 10/17/2013, the patient is status post lumbar fusion (dated 06/13/2013) with residual stiffness and pain. The report states that the patient continues to make slow steady progress, but still has pain in the lower back and legs. It was noted that the patient's pain worsens when she first gets up from a seated position. Physical examination revealed stiffness and tenderness in the lumbar spine. Incisions are noted as well-healed. The patient can flex to the level of her knees and is able to extend 20 degrees past neutral. Strength is 5/5 distally and sensation is intact. The provider recommends continued physical therapy focusing on range of motion and strengthening modalities as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy for the lumbar spine (2 times per week for 6 weeks): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents status post lumbar fusion dated 06/13/2013. The provider is requesting 12 additional postoperative physical therapy sessions. The MTUS Guidelines recommend 34 visits over 16 weeks for postsurgical treatment (fusion). The postsurgical physical medicine treatment period is 6 months. Medical records indicate that the patient was prescribed 12 postoperative physical therapy sessions on 07/25/2013. The provider is now asking for 12 additional sessions due to the patient's continued stiffness. The patient has not reached the 34 visits that are allowed by the guidelines for her condition. Therefore, the requested physical therapy is medically necessary and appropriate.