

<b>Case Number:</b>	CM13-0059400		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Sports 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 patient is a 36-year-old female who reported injury on 07/24/2009. The mechanism of injury was a cumulative trauma. The patient had an anterior lumbar fusion for pseudoarthrosis followed by a posterior decompression and revision of a fusion at L5-S1 on 03/18/2013. The patient's prior surgery was in 2009. The patient's diagnosis was pain in joint. The patient was noted to have undergone 8 sessions of physical therapy from 07/26/2013 through 08/27/2013. The request was made for a continuation of physical therapy. Subjectively, it was indicated that the patient had relatively constant pain in the right low back into the right lower extremities to toes increasing with activity but not limiting activity. The pain was noted to be tolerable and manageable since the surgery. There was indication the patient was able to walk greater than 60 minutes, hike and able to maintain regular prone position for 80 seconds. The patient was noted to have completed 16 postoperative physical therapy visits. The request was made for 8 additional visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTOPERATIVE PHYSICAL THERAPY (8 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Treatment Guidelines indicate the treatment for a discectomy laminectomy is 16 visits. There was a lack of documentation indicating the patient's objective functional deficits to support ongoing therapy. The patient should be well versed in a home exercise program. Given the above, the request for postoperative physical therapy 8 sessions is not medically necessary. There was a lack of documentation indicating the patient's functional benefit that was received with the therapy. Per the submitted request there was a lack of documentation indicating the body part for which the physical therapy was requested.