

<b>Case Number:</b>	CM13-0059609		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	04/04/2014	<b>UR Denial Date:</b>	11/19/2013
<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 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 & Rehabilitation, has a subspecialty in Pain 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 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 58-year-old male who reported an injury on 12/26/2011. The mechanism of injury was not specifically stated. The patient is currently diagnosed with thoracic or lumbosacral neuritis or radiculitis. The patient is also status post L2-3 and L3-4 segmental stabilization. The patient was seen by [REDACTED] on 07/10/2013. The patient reported residual right lower back pain following surgical intervention. Physical examination was not provided on that date. Treatment recommendations included authorization for additional postoperative physical therapy 4 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Post-OP physical therapy for 24 more visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 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 fusion Final Determination Letter for IMR Case Number [REDACTED] 3 includes 34 visits over 16 weeks. The patient has participated in an unknown amount of physical therapy to date. Documentation of objective functional improvement was not provided. The request for 24 sessions of postoperative physical therapy exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.