

Case Number:	CM13-0061397		
Date Assigned:	03/31/2014	Date of Injury:	06/01/2007
Decision Date:	05/23/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 49-year-old gentleman who was injured in a work related accident on June 1, 2007. The request in this case is for twelve sessions of postoperative physical therapy. The claimant's recent clinical progress report of October 23, 2013 indicated ongoing complaints of low back pain, moderate to severe in nature, with physical examination showing tenderness at the incisional site, restricted range of motion with marked guarding, and no documented focal motor, sensory, or reflexive change to the lower extremities. The claimant is noted to be status post a prior L2-3 and L5-S1 lumbar discectomy and fusion in January of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 POST-OPERATIVE PHYSICAL THERAPY VISITS BETWEEN 11/7/2013 AND 12/22/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Based on the California Chronic Pain Medical Treatment Guidelines, physical therapy in this setting would not be indicated. This individual is greater than two years following time of surgery having already undergone a significant course of formal physical

therapy to date. At present, there would be no indication for continued use of this form of modality. It would be unclear as to why transition to an aggressive home exercise program could not occur at this individual's stage of postoperative care. As such, the request is not medically necessary.