

Case Number:	CM13-0063124		
Date Assigned:	12/30/2013	Date of Injury:	05/30/2010
Decision Date:	04/28/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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:

This is a 55 year claimant with a date of injury on May 30, 2010. The claimant is status post lumbar spine decompression and fusion at L3-4, L4-5 and L5-S1. The claimant pursued therapy postoperatively, eight visits have been documented. Additional therapy two to three times per week for six to eight weeks was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR PHYSICAL THERAPY 2-3 TIMES 6-8 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: Lumbar physical therapy two to three times per week for six to eight weeks would be considered medically necessary and appropriate based on the records in this case and the CA MTUS Post-Surgical 2009 Guidelines. The Post-Surgical Guidelines support up to thirty four visits following lumbar spine fusion surgery. The claimant has completed eight visits while up to thirty four visits over sixteen weeks would be supported based on the MTUS Guidelines. Two to three visits per week for six to eight weeks would fall within the guidelines, therefore

lumbar physical therapy two to three times per week for six to eight weeks would be considered medically necessary and appropriate in this case.