

Case Number:	CM13-0064297		
Date Assigned:	01/15/2014	Date of Injury:	10/28/2001
Decision Date:	05/28/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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, 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 injured worker is a 61 year old female who reported an injury on 10/28/2001 of unknown mechanism. On the clinical notes dated 11/12/2013, the injured worker was seen for a follow-up evaluation. She is status post anterior posterior fusion from L5-S1 in 2003 and status post L4-L5 transforminal lumbar interbody fusion and posterior instrumentation and fusion 03/20/2013. She was currently in post operative physical therapy. Her complaint at the annotated visit was continued pain to lumbar spine which radiated to bilateral hips. The pain status was documented at 7/10. The physical examination was deterred. The treatment plan included continued treatment for pain management care and weaning process. It also included additional 12 sessions, 2 times a week for six weeks for specific training into a home exercise program, electro pads for IF unit for increasing complaints of lower back pain, updated x-rays of the lumbar spine to include Ap/lateral/flexion and extension 4 views, and follow-up in 4 to 6 weeks. The physical therapy notes dated 11/04/2013 documented after 6 visits 18 degrees lumbar extension versus 25 degrees normal, 15 degrees left and right lumbar versus 25 degrees normal. It was noted in this visit that the injured worker improved 65% since the last visit. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks to lumbar spine is non-certified. The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines also recommend for fading of treatment. The clinical note dated 11/12/2013 did not show documentation of a physical exam, or current medications. The physical therapy documentation on 11/04/2013 stated the injured worker had only gone to 6 of the 12 sessions and was improving. The request for 12 sessions is excessive and does not go with the recommended guidelines of fading of treatments. Therefore, the request for physical therapy 2 times a week for 6 weeks to lumbar spine is not medically necessary.