

<b>Case Number:</b>	CM13-0064357		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in New York. 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 60-year-old female who sustained a work related injury to her low back on March 7, 2012. It occurred when she was standing from a squatting position and felt her back pain. She complains of ongoing low back pain with radiation to the legs. Physical examination the lumbar spine shows limited range of motion. The patient walks with a modest limp. X-rays lumbar spine show that the patient had laminectomy surgery with intraoperative imaging. It does appear that discectomy surgery at L4-5 postoperatively is doing well alleviating the leg pain. Postoperative examination revealed no swelling or tenderness to the wound. The patient still has documented postoperative pain and limitation of function. The patient has been recommended for postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 VISITS POST-OPERATIVE PHYSICAL THERAPY (3X4 WEEKS) LUMBAR SPINE:** Overturned

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

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

**Decision rationale:** MTUS guidelines indicate that physical therapy is indicated after laminectomy discectomy surgery in the lumbar spine. Specifically, guidelines indicate 16

physical therapy visits postoperatively over a period of 8 weeks. Therefore, after the surgery and initial visits of postoperative rehabilitation is supported by guidelines. Because the patient has documented pain after surgery with documented limitation of function, the patient should undergo physical therapy postoperatively. 12 visits are medically necessary and within guidelines.