

Case Number:	CM13-0064644		
Date Assigned:	01/03/2014	Date of Injury:	10/05/2007
Decision Date:	03/26/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Family Practice, has a subspecialty in Preventative Medicine and is licensed to practice in Preventative Medicine. 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:

This 49 year old male claimant sustained a work related back injury on 10/5/07. He has had radicular symptoms to his buttock and lower extremities. He had a lumbar fusion on 7/2013, which provided 35% relief. On 8/1/13, the claimant had incision and drainage of an abscess of the s1 screws and fusion of the L4-S1 spine. A progress note on 11/18/13 noted he still had post-operative pain and was doing home exercises as well as taking pain medications. His examination showed reduced range of motion of the lumbar spine. On 11/21/13 a request was made by the treating physician for post-operative physical therapy 3x per week for 4 weeks to regain strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (Low Back-Lumbar & amp) Thoracic (Acute & amp; Chronic)Chapter)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: According to the MTUS guidelines, therapy is recommended for 1 to 2 visits for evaluation, counseling and education. The request for 6 treatments exceeds the recommended amount according to the guidelines. As a result physical therapy twice a week for 3 weeks is not medically necessary.