

Case Number:	CM13-0065205		
Date Assigned:	01/03/2014	Date of Injury:	02/15/2012
Decision Date:	04/24/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 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:

The patient is a 60-year-old gentleman who sustained an injury to the low back in a work related accident on February 15, 2012. The clinical records provided for review included an orthopedic assessment on October 28, 2013 documenting that the patient is status post a recent L3 through L5 laminectomy and foraminotomy and was "ready to begin physical therapy". It was documented that the patient has continued complaints of pain in the lumbar spine consistent with his recent surgery. Examination showed a normal gait pattern with no documented weakness and a well healed incision. There was restricted range of motion as expected. The recommendation was made for an initial eight sessions of formal physical therapy in the post operative setting for the patient's recent two level discectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine quantity eight: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, the requested eight sessions of therapy would be medically necessary. The Postsurgical Rehabilitative Guidelines recommend a total of 16 therapy sessions over 8 weeks. The claimant

has not had any postoperative therapy. Therefore, the request for eight sessions would be reasonable and necessary.