

Case Number:	CM13-0068180		
Date Assigned:	01/03/2014	Date of Injury:	05/24/2008
Decision Date:	04/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and 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 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 62-year-old male who reported an injury on 05/24/2008. The mechanism of injury was not provided for review. The patient ultimately underwent L3-S1 anterior posterior spinal fusion followed by bracing, medications, and physical therapy. The clinical documentation submitted for review indicates that PT has participated in 7 visits of postoperative physical therapy. The patient's most recent physical findings included a normal sensory exam, pain levels documented at 2/10. It was noted that the patient's physical therapy had provided at least 90% pain control and functional improvement. A request was made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy three (3) times a week for eight (8) weeks for a total of twenty four (24) visits: Upheld

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: The requested physical therapy 3x8 for a total of 24 visits is medically necessary and appropriate. The clinical documentation submitted for review does provide

evidence that the patient underwent 7 visits of physical therapy that provided 90% pain relief and improvement in function. California Medical Treatment Utilization Schedule recommends up to 34 visits of postoperative physical therapy in the management of symptoms related to a lumbar fusion. The clinical documentation submitted for review does indicate that the patient has continued pain complaints rated at a 2/10 that would benefit from continued physical therapy. As the requested 24 visits in combination with the previous 7 visits still falls within the guideline recommendations of 34 visits, the request would be supported by guideline recommendations. As such, the requested 24 physical therapy visits are medically necessary and appropriate.