

Case Number:	CM13-0068847		
Date Assigned:	01/03/2014	Date of Injury:	09/15/2010
Decision Date:	05/22/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/20/2013

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, has a subspecialty in Interventional Spine 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 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 52-year-old female with a date of injury of 09/15/2010. Per treating physician's report 12/11/2013, subjective complaints include pain along the incision and limiting her activity, fusion is healing, insomnia, right shoulder pain, left shoulder pain, pain in the neck, low back pain. Listed assessments are pain in joint involving the shoulder region, degeneration of cervical intervertebral disk, postlaminectomy syndrome lumbar region, medication management. Reports 11/13/2013 by [REDACTED] states that the patient is 6 weeks post L4-L5 decompression and PSIF, continuous low back pain at 8/10, radiculopathy unchanged, walk around the home with walker, no community ambulation, 20 foot limit with walker as aid, able to sit for 20 to 40 minutes before pain is unbearable. Recommendation is for home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2-3X6 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: This patient presents with persistent low back pain, status post lumbar fusion surgery at L4-L5 on 09/27/2013. There is a request for physical therapy 2 to 3 times a week for 6 weeks. Review of the reports show that the actual report containing the request is missing from this file. The request for authorization form is also not provided, and therefore, the exact date of the request is not known. However, review of the Utilization Review letter from 12/18/2013 provides a good summary. It appears that a peer review from 11/19/2013 certified total of 12 out of 15 sessions of pool therapy. Physical therapy prescription by [REDACTED] from 11/19/2013 recommended physical therapy 2 to 3 times a week for 6 weeks and RFA by [REDACTED] from 11/25/2013 requested authorization for PT and pool therapy 2 to 3 times a week for 6 weeks for diagnosis of lumbar pain. MTUS Guidelines for postoperative care allow up to 34 sessions of postoperative physical therapy following lumbar fusion surgery. The current request for 6 to 12 sessions in addition to already authorized 15 sessions would total 27 sessions altogether. It would appear that the patient was authorized for initial pool therapy for 15 sessions and there is a request for both physical therapy and pool therapy for additional 12 to 15 sessions. Recommendation is for authorization as additional physical therapy is allowed and consistent with MTUS Guidelines for postoperative physical therapy.

POOL THERAPY 2-3 X6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: There is a request for additional pool therapy as well as physical therapy. Physical therapy portion has been recommended for authorization as noted above. However, concurrent physical therapy and pool therapy is not necessary and is not discussed in MTUS Guidelines. For pool therapy, weight bearing issues must be documented per MTUS Guidelines such as extreme obesity. Such information is not provided in this patient. Furthermore, the patient already had pool therapy and transition into land-based therapy may be reasonable at this time. Recommendation is for denial of the requested pool therapy.