

Case Number:	CM13-0069359		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2012
Decision Date:	06/05/2014	UR Denial Date:	12/11/2013
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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 39-year-old male who reported a repetitive strain injury on 09/08/2012. Current diagnoses include post lumbar laminectomy syndrome, lumbar disc disorder, cervical disc disorder, cervical radiculopathy, lumbar radiculopathy, and low back pain. The injured worker was evaluated on 12/04/2013. The injured worker reported a decrease in symptoms following surgery, and was awaiting authorization for postoperative physical therapy. Previous conservative treatment includes physical therapy, TENS therapy, epidural steroid injections, and medial branch blocks. Physical examination of the lumbar spine revealed limited range of motion secondary to pain with intact incisions. Treatment recommendations included continuation of current medication and physical therapy for the lumbar and cervical spine. It is noted on 10/08/2013 that the injured worker underwent complete discectomy, partial vertebrectomy, fusion with femoral ring grafts, and BMP and buttress plate and screw at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OP PHYSICAL THERAPY VISITS QTY: 28.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10,25-26.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a discectomy includes 16 visits over 8 weeks. Postsurgical treatment following a fusion includes 34 visits over 16 weeks. The current request for 28 sessions of postoperative physical therapy exceeds guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. There is also no specific body part listed in the current request. As such, the request is non-certified.