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| <b>Case Number:</b>   | CM14-0001399 |                              |            |
| <b>Date Assigned:</b> | 01/22/2014   | <b>Date of Injury:</b>       | 03/21/2008 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 12/04/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/03/2014 |

### 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 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:

This is a 60-year-old gentleman with a date of injury 3/21/08. Mechanism of injury was a bread rack, weighing 200-300 pounds, fell on the patient. He had acute onset of neck and back pain. The patient failed conservative care, and on 6/14/11, the patient underwent an ACDF surgery followed by a TLIF on 1/10/13. As of September of 2013, submitted reports indicate that the patient had not yet begun post-op PT following the January lumbar fusion. This was submitted to Utilization Review for a request for an initial 16 post-op PT sessions. The UR physician approved 8 initial sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TO THE LUMBAR SPINE, QTY: 16:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Postsurgical Treatment Guidelines support up to 34 postoperative PT sessions following a lumbar fusion surgery. Guidelines allow initial postop PT certification to be up to half of total postop PT recommended amount. In this case, the requesting physician asked

for 16 initial postop PT sessions following a TLIF. For unclear reasons, the UR physician modified this request to 8. The entire 16 were medically necessary and guideline supported. PT x 16 for the lumbar spine is medically necessary and appropriate.