

<b>Case Number:</b>	CM14-0008117		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/07/2010
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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, has a subspecialty in Pain Management 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 patient with a date of injury of 11/7/10. A utilization review determination dated 1/16/14 recommends non-certification of physical therapy. The 1/9/14 medical report identifies a history of spinal fusion on 4/30/13 and 5/1/13. Back and leg pain improved substantially after surgery, but there is some residual pain. The patient's current pain is 7-9/10 as before surgery and there is worsening lower extremity pain, left more than right. On exam, there is limited lumbar ROM, +4/5 motor strength bilaterally, and diminished sensation in the left lower extremity. No specific muscles or dermatomes are noted. SLR is positive bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2 X 6:** Upheld

**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 Page(s): 10-11, 26.

**Decision rationale:** Regarding the request for Physical Therapy 2 X 6, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of a history of spinal fusion approximately 8 months

prior to the current request. An unspecified number of PT sessions have been completed, but there is no documentation of specific objective functional improvement with the previous sessions and why the remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports a postsurgical physical medicine period of up to 6 months after spinal fusion. In light of the above issues, the currently requested PT 2 X 6 is not medically necessary.