

Case Number:	CM14-0009684		
Date Assigned:	01/29/2014	Date of Injury:	03/04/2013
Decision Date:	06/19/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/23/2014

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:

The patient is a 39-year-old male with a 3/4/13 date of injury. His subjective complaints include back and leg pain, and objective findings include decreased sensation to light touch and pinprick over bilateral L4, L5, and S1 distribution. The current diagnoses include L4-L5 disc collapse with a posterior disc protrusion and moderate-to-severe central canal stenosis, and treatment to date has been medication, a back brace, a TENS unit, and physical therapy. In addition, there is a request for physical therapy postoperatively after total disc arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE, 2 VISITS PER WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST SURGICAL REHABILITATION, LOW BACK,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, LOW BACK, ARTIFICIAL DISC, 25

Decision rationale: The MTUS Postsurgical Treatment Guidelines identifies up to 18 visits of post-operative physical therapy over 4 months and post-surgical physical medicine treatment period of up to 6 months. In addition, the MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is one half the number of sessions recommended for the general course of therapy for the specified surgery. The MTUS states that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of L4-L5 disc collapse with a posterior disc protrusion and moderate-to-severe central canal stenosis. In addition, there is documentation that physical therapy is requested postoperatively after total disc arthroplasty. However, there is no documentation of a pending surgery that has been authorized/certified. In addition, the requested 24 physical therapy visits exceeds guideline recommendations. As such, the request is not medically necessary.