

Case Number:	CM14-0109848		
Date Assigned:	08/01/2014	Date of Injury:	04/14/1999
Decision Date:	10/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 injured worker is a 59-year-old male who reported an injury on 04/14/1999 caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, medications, surgery, and MRI studies. The injured worker was evaluated on 06/11/2014 and it was documented the injured worker complained of getting mild relief following acupuncture sessions as well as moderate improvement with physical therapy. The injured worker found physical therapy more beneficial than acupuncture. Physical examination of the cervical spine revealed forward flexion was 40 degrees, extension was 40 degrees, right/left lateral bending was 30 degrees, and right/left rotation was 60 degrees. Diagnoses included status post spinal fusion at L4-5, multilevel adjacent level disease at L2-3, L3-4, and L5-S1 with varying degrees of stenosis at these levels, status post bilateral L3-4 and L5-S1 laminotomies and foraminotomies, residual right lower extremity radiculopathy and quadriceps weakness, progressive neurologic weakness right lower extremity unknown etiology, and cervical spondylosis C4-5 and C5-6. The Request for Authorization dated 06/17/2014 was for physical therapy 2 times 4 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 Lumbar Spine: 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.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long term functional goals. The injured worker had 18 sessions of physical therapy postoperatively for the lumbar spine. If guideline recommendations are to be exceeded, exceptional factors should be noted. Documentation submitted does not indicate physical examination findings that would support the need to deviate from the guideline recommendations. As such, the request for Physical Therapy 2 x 4 Lumbar Spine is not medically necessary.