

Case Number:	CM14-0010131		
Date Assigned:	02/21/2014	Date of Injury:	08/01/2007
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

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 Internal and is licensed to practice in California, North Carolina, Kentucky and Colorado. 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 57-year-old male who sustained an injury to his low back on 08/01/07 due to a slip and fall. The records indicate the injured worker had been treated conservatively and eventually underwent L4-5 laminectomy, facetectomy and foraminotomy for nerve root decompression with posterior interbody fusion on 09/20/10. The injured worker remained symptomatic with persistent chronic low back and lower extremity radiculopathy. A computed tomography (CT) scan of the lumbar spine 03/08/12 demonstrated transpedicular fusion L4 and L5; interbody and posterolateral bridging bone formation; heterotrophic bone formation in left lateral recess at L4-5 seems to be affecting the exiting nerve root. The injured worker underwent lumbar spine hardware removal on 09/17/13, followed by postoperative physical therapy. The injured worker continues to complain of slight low back pain and lower extremity radicular pain. It was recommended the injured worker continue physical therapy for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OUTPATIENT PHYSICAL THERAPY 3 TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDLELINES, ,

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) recommends up to 34 visits over 16 weeks for the diagnosed injury. The clinical information provided does not indicate the amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous postoperative physical therapy visits. There is no additional significant objective clinical information that supports the need to exceed the MTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for additional outpatient physical therapy three times a week for six weeks, has not been established. Recommend non-certification. The request for additional outpatient physical therapy three times a week times six weeks is not medically necessary.