

Case Number:	CM14-0010352		
Date Assigned:	02/21/2014	Date of Injury:	12/20/2010
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 12/20/10 when he slipped on a wet floor while mopping. An MRI of the lumbar spine dated 01/26/11 revealed left posterolateral and left far lateral disc protrusion at L3-4, degenerative arthrosis of the joints at L4-5 and L5-S1 with mild intravertebral foraminal narrowing of the apophyseal joints. An electrodiagnostic study (EMG) of the bilateral lower extremities dated 01/24/12 revealed no electrophysiological evidence to support motor radiculopathy in the bilateral lower extremities. Records indicate the injured worker has a three year history of chronic low back/right leg pain and ultimately underwent L5-S1 total disc replacement on 08/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY-POST OPERATIVE THREE TIMES A WEEK FOR FOUR MONTHS, IN TREATMENT OF THE LOW BACK QUANTITY: 48: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The request for physical therapy-post operative three times a week for four months, quantity of 48 visits to treat the lower back is not medically necessary. The requested amount is in excess of California Medical Treatment Utilization Schedule (CAMTUS) recommendations. The CAMTUS recommends up to 18 visits over 4 months, not exceed 6 months of postoperative physical therapy treatment for the diagnosed injury. There was no additional significant objective clinical information that supports the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for physical therapy-post operative three times a week for four months, in treatment of the lower back quantity x 48 visits, has not been established. The request is not medically necessary and appropriate.