

Case Number:	CM14-0010860		
Date Assigned:	02/21/2014	Date of Injury:	06/26/2012
Decision Date:	08/04/2014	UR Denial Date:	01/21/2014
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 Orthopedic Surgery 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 58-year-old male who has filed a claim for musculoligamentous sprain/strain, lumbosacral spine, L3-L4 and L4-L5 instability, spinal stenosis, L3-L4 and L4-L5, status post ALDF L3-L5 (10/1/2013) associated with industrial injury on August 28, 2012. Medical records were reviewed from 2013 showing the patient complaining of constant low back pain extending into the posterior right thigh, calf and buttocks. Pain is usually accompanied by numbness in the right lower extremity. Patient underwent partial corpectomy L3, L4, L5, anterior lumbar interbody fusion L3-L4 and L4-L5 with decompression/discectomy and excision of extruded disc fragment, insertion interbody care L3-L4 and L4-L5, allograft bone and anterior lumbar plating on October 1, 2013. The patient has undergone postoperative physical therapy and currently, there is reported significant pain relief. Treatment to date includes physical therapy and oral analgesics. Utilization review from December 10, 2013 denied the request for additional postoperative physical therapy x 12 because a reasonable course of postoperative therapy was provided. Furthermore, the patient is noted to have less subjective complaints of pain after postoperative therapy. There is no documentation of exceptional indications for additional sessions of physical therapy. Therefore, the request for postoperative physical therapy x12 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As stated on the CA MTUS Postsurgical Treatment Guidelines, post-operative physical therapy for 34 visits over 16 weeks is recommended for lumbar fusion. In this case, patient underwent partial corpectomy L3, L4, L5, anterior lumbar interbody fusion L3-L4 and L4-L5 with decompression/discectomy and excision of extruded disc fragment, insertion interbody care L3-L4 and L4-L5, allograft bone and anterior lumbar plating on October 1, 2013. However, documentation was not provided on how many sessions the patient has already completed. Furthermore, the patient is noted to have less subjective complaints of pain after postoperative therapy. There is no documentation of exceptional indications for additional sessions of physical therapy. Therefore, the request for postoperative physical therapy x12 is not medically necessary.