

Case Number:	CM14-0011643		
Date Assigned:	02/21/2014	Date of Injury:	06/30/2003
Decision Date:	12/24/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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 Family Medicine, 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:

This is a 44 year old male who suffered a job related injury on 11/03/2011. He was on bike duty, crashed and hit the pavement on his right hip, shoulder and head. At that time there were no acute fractures in his elbow, shoulder and neck. A Magnetic Resonance Imaging of his back revealed a spinal fracture and a 10 mm displacement of L5-S1. On 2/13/2013 the injured worker underwent lumbar decompression fusion operation at L5-S1 level on 2/13/2013. He also had diagnosis of impingement syndrome of the right shoulder. The injured worker has also received medications and as documented in the Utilization Review dated 12/30/2013 he has received 36 post-operative physical therapy sessions. In a progress note by neurosurgeon dated 11/05/2013 it was noted the injured worker had completed three rounds of physical therapy, and had resumed desk work. Twelve additional physical therapy sessions to the lumbar spine were requested on 12/20/2014 by orthopedic physician, to the back. The Utilization Review dated 12/30/2014 recommended additional 12 physical therapy visits to be conditionally non-certified based on guidelines upon receipt of the requested information. There was no functional subjective and objective findings and no clinical rationale for the 12 additional physical therapy sessions requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy sessions for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient underwent a decompression laminectomy and fusion operation and has already received 36 PT sessions for low back pain. The treatment guidelines call for a limited number of PT sessions. After the PT sessions, the patient ought to then continue a home exercise program under medical supervision. The number of sessions is 9-10 over an 8 week time frame. Based on the documentation, additional PT sessions for the back are not medically indicated.