

Case Number:	CM14-0011872		
Date Assigned:	02/21/2014	Date of Injury:	01/13/2009
Decision Date:	08/07/2014	UR Denial Date:	01/14/2014
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 Occupational 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 58-year-old male with a 1/13/09 date of injury. A 2/4/14 progress report indicates persistent low back pain with a decrease in leg pain. The patient has decreased his use of Norco and decreased his dosage of Nucynta. Treatment to date has included mediation, home exercise, PT, and lumbar epidural steroid injection (ESI). A 12/19/13 progress report indicates continued right lower extremity pain. Physical exam demonstrates right leg dorsiflexion weakness and plantarflexion weakness, with the remainder of the neurological examination unremarkable. The patient underwent lumbar surgery on 8/19/13. He underwent L2-5 lumbar fusion on 3/22/10 and hardware removal on 2/6/12. It is noted that the patient was authorized for 32 postoperative PT visits but completed only 7 visits. There is documentation of a previous 1/14/14 adverse determination because the patient did not complete 25 previously authorized PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY; (16) SESSIONS (2X8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Treatment Guidelines support up to 16 visits following lumbar surgery for intervertebral disc disorders without myelopathy. However, the medical

reports do not clearly establish objective and measured functional gains, improvement with activities of daily living, or discussions regarding return to work as a result of previous physical therapy. In addition, the proposed number of visits in addition to the number of visits already authorized would exceed guideline recommendations. There is no clear description of education with respect to independent exercises, compliance, or failure of an independent program to address the residual deficits. Notably, the patient has obtained previous certification for 32 postoperative PT visits, of which only 7 were completed for unknown reasons. As such, the request is not medically necessary.