

Case Number:	CM14-0012616		
Date Assigned:	02/21/2014	Date of Injury:	03/12/2011
Decision Date:	07/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old female with a 3/12/11 date of injury. She had a failed spinal fusion at L4-5 and L5-S1 in Jan 2012. She was seen on 12/9/13 for a 12 week postoperative visit after removal of hardware and exploration at these levels with a revision posterior fusion at L3-S1. She had ongoing complaints of neck pain 7/10, upper extremity pain 5-6/10, and low back pain with associated pain down the left thigh, 9/10. Exam findings revealed limited spinal range of motion secondary to pain, negative straight leg raise, decreased strength in the lower extremities left greater than right, and decreased sensation on the left from L3-S1. The patient had home physical therapy approved, and outpatient physical therapy (PT) was recommended. Treatment to date: medications, surgery times 2, home physical therapy (approved) A UR decision dated 1/17/14 denied the request given the patient had home physical therapy approved already.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 X PER WEEK FOR 8 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine

(ACOEM), 2nd Edition, (2004) Chapter 6 :Pain, Suffering, and the Restoration of Function, page 114.

Decision rationale: CA MTUS recommends 34 visits over 16 weeks of physical therapy for a lumbar fusion. This patient had a lumbar fusion, however, home physical therapy was apparently approved and there is no documentation provided for this physical therapy. It is unclear if the patient has yet started her home physical therapy. In addition, a rationale for the therapy was not provided. The patient has neck and upper extremity pain in addition to her lumbar spinal fusion, and there is no clarity as to a clearly defined treatment plan with specific goals. There is no documentation addressing this patient's home physical therapy. Therefore, the request for physical therapy 3 times per week for 8 weeks was not medically necessary.