

<b>Case Number:</b>	CM14-0012996		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery and is licensed to practice in New York. 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 has chronic back pain. The pain radiates to the lower extremities. She was scheduled for lumbar fusion in November 26, 2013. Is unclear from the medical records well the surgery was performed with does not documentation the medical records of the operative report or postoperative course. Physical examination reveals spasms and tenderness over the lumbar muscles. There is a decreased range of motion of the lumbar muscles. Sensation is decreased of L5 and S1 dermatomes bilaterally. At issue is whether 28 sessions of postoperative physical therapy medically necessary. The patient has been diagnosed with lumbosacral radiculopathy, lumbar sprain and strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 28 SESSIONS LUMBAR SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Low Back Pain-ODG Low

**Decision rationale:** Medical necessity of additional physical therapy visits has not been established. The medical records do not document that the patient has had lumbar fusion surgery. The medical records do not include the operative report for any evidence of postoperative functional capacity. While guidelines to support the use of physical therapy of the lumbar fusion, medical necessity has not been established in this case because is not enough clinical information chart to document if and when the patient that her vision and held the patient is doing postoperatively. The request is not medically necessary and appropriate.