

Case Number:	CM14-0013758		
Date Assigned:	02/26/2014	Date of Injury:	02/18/2013
Decision Date:	06/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	02/03/2014

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 has a subspecialty in Spine Surgery and is licensed to practice in California and Texas. 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 injured worker is a 35 year old female with a reported date of injury on 02/18/2013. The mechanism of injury was reported as a fall through a roof, while performing duties as a police officer. The injured worker underwent spinal fusion at L4-L5 and L5-S1 on 07/14/2013. According to the clinical note dated 09/06/2013 the injured worker's lumbar range of motion demonstrated forward flexion to 30 degrees, extension to 20 degrees, right and left rotation to 20 degrees and right and left lateral bend to 20 degrees. The physical therapy note dated 12/30/2013, reported that the injured worker was "progressing well". The injured worker's diagnoses included lumbar sprain and strain and acquired spondylolisthesis. The injured worker's medication regimen was not included with the information available for review. The request for authorization to continue physical therapy 2-3 times per week (duration unspecified) for the lumbar was submitted on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY 2-3 TIMES PER WEEK (DURATION UNSPECIFIED) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The CA MTUS guidelines recommend physical medicine based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The recommended number of visits is 8-10, over 4 weeks. According to the documentation the injured worker has attended approximately 17 physical therapy sessions. The clinical information provided for review lacks documentation of increased functional abilities and decrease in medication use related to previous physical therapy. The request for continued physical therapy of unknown duration exceeds the recommended guidelines. Therefore, the request to Continue Physical Therapy 2-3 times per week (duration unspecified) for the lumbar spine is not medically necessary.