

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0013889 | | |
| Date Assigned: | 02/26/2014 | Date of Injury: | 02/18/1972 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/09/2014 |
| 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 and is licensed to practice in Pennsylvania. 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 claimant is a 73-year-old gentleman who was injured in a work-related accident on February 18, 1972. The records available for review document the claimant as being status post multiple prior spinal surgeries, with fusion evident from the T10 through S1 level. On May 16, 2013, the claimant underwent an osteotomy at the L4 level with revision fixation from T10 through S1. Postoperatively, the claimant attended physical therapy, though the number of visits was not specified in the records. The physical examination reports on November 25, 2013 shows 5/5 lower extremity motor strength, normal sensation and no positive findings. This request is for 12 additional sessions of post-operative physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK TIMES SIX (6) WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Physical Therapy (PT).

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines and the Postsurgical Guidelines, the request for an additional 12 sessions of physical therapy would not be supported as medically necessary in this case. The claimant's surgery occurred more than six months ago, placing him outside the window recommended by the Postsurgical Guidelines criteria. Nine to 10 visits of physical therapy in the chronic setting is recommended for individuals with acute, symptomatic flare for whom recent rehabilitative therapy has not been provided. Given that the medical records reflect no evidence of weakness or significant change on physical examination, the surgery occurred more than 10 months earlier, and the absence of documentation of an acute flare of symptoms, the request for 12 sessions for physical therapy would not be medically indicated.