

Case Number:	CM14-0015295		
Date Assigned:	02/28/2014	Date of Injury:	12/06/2011
Decision Date:	06/27/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 24-year-old male who reported an injury on 12/06/2011. The mechanism of injury was reported as falling off a ladder. The diagnoses included status post lumbar fusion on 11/12/2013. Per the 12/02/2013 PT initial evaluation, the injured worker reported low back pain rated 8/10 without medication. The injured worker denied any lower extremity radicular symptoms. It was noted that the injured worker needed minimal assistance to perform ADLs, such as dressing and showering. Lumbar spine examination noted minimal edema and minimal tenderness to light palpation. The injured worker demonstrated minimal difficulty with sit to stand transfers. Lumbar spine range of motion was noted at flexion 30 degrees, extension 25 degrees, left rotation 30 degrees, right rotation 30 degrees, left lateral flexion 25 degrees, and right lateral flexion 18 degrees. The injured worker demonstrated 3/5 strength. Per the 12/18/2013 progress report, the injured worker completed 4 sessions of physical therapy. Examination of the lumbar spine noted +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1 and the scar. The injured worker was recommended to continue postsurgical physical therapy. The Request for Authorization Form was not present in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 POST OPERATIVE PHYSICAL MEDICINE VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for 30 postoperative physical medicine visits is non-certified. The California Postsurgical Guidelines recommend 34 visits over 16 weeks for postsurgical treatment of fusion. The postsurgical physical medicine treatment period is 6 months. The guidelines state if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. The initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery. Therefore, the initial course of treatment for fusion postsurgical treatment would be 17 visits. The medical records provided indicate the injured worker completed four visits of physical therapy. There is a lack of documentation to evaluate the efficacy of treatment. The request for 30 additional sessions exceeds the guideline recommendations of 17 for an initial course of therapy. In addition, the date of surgery was 11/12/2013. The request exceeds the recommended 6 month postsurgical period. As such, the request is not medically necessary.