

Case Number:	CM14-0016896		
Date Assigned:	04/11/2014	Date of Injury:	05/04/2011
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Internal Medicine, 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 Physician 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 52 yr old female with a low back injury DOI 5/4/2011 and S/P lumbar laminectomy. L4-S1. The nature of the injury is not provided. According to the documentaiton, she has completed 8 sessions of post-operative physical therapy. The treating provider has requested post-operative physical therapy evaluation and treatment, quantity 24.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY EVALUATION AND TREATMENT QTY:
24.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low back Chapter.

Decision rationale: According to the California MTUS guidelines, postsurgical laminectomy PT is recommended for a total of 16 visits over 8 weeks. The medical records document the employee was at 4 months post laminectomy L4-L5, L5-S1 and had completed 8 sessions of PT that were certified as recommended by prior review. The requested number of sessions of PT

exceeds the 16 session that are recommended by the guidelines. There is no documentation specifically indicating the need for the additional 24 sessions of physical therapy. The employee can be maintained on a home exercise program. Medical necessity for the requested service has not been established. The requested service is not medically necessary.