

Case Number:	CM14-0017443		
Date Assigned:	04/14/2014	Date of Injury:	08/09/2006
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/11/2014

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 Hand Surgery and is licensed to practice in California. 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:

This is a 48 year-old gentleman who reported low back pain after an injury on August 9, 2006. Treatment included a lumbar fusion, followed by a revision L5-S1 fusion on August 19, 2013. Per the available records, the injured worker attended eighteen sessions of physical therapy in the postoperative course of care. As of December 11, 2013, pain was better, there was full range of motion, and there was negative straight leg raising. Functional improvement was not addressed. The treatment plan included 12-18 physical therapy visits for Work Hardening, and no work status. The physical therapy prescription of 12/11/13 is for passive modalities, evaluation and treatment, and work hardening, 2-3X per week for 6 weeks. The reports from the pain management physician state that the injured worker remains on "temporarily totally disabled" work status. On 1/15/14 Utilization Review denied the physical therapy, noting the lack of indications for Work Hardening and good recovery to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-3 X 6 PHYSICAL SESSIONS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The MTUS for post-operative physical medicine states that post-operative physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 17 visits. An "Initial course of therapy" was apparently completed (18 visits). No physician reports since the completion of the 18 visits describe functional improvement. The most recent PR2 (from the pain management physician) states that the injured worker is unable to perform any and all work, which implies a complete lack of functional improvement. The surgeon did not address function. Given that this injured worker has completed a course of physical therapy which exceeds the quantity recommended by the MTUS as an initial course, and the lack of physician reports describing specific functional improvement, the medical necessity for further physical therapy has not been established. No further physical medicine is medically necessary based on lack of functional improvement and the MTUS. Additionally, the physical therapy prescription was for Work Hardening. The frequency, duration, content and intensity of the proposed Work Hardening/Work Conditioning program are not consistent with the recommendations of the MTUS. Note the MTUS recommendations for an initial course of Work Hardening/Work Conditioning, and the expected duration, hours/day, and days/week. The injured worker is more than two years post injury, which precludes participation in Work Hardening/Work Conditioning. There is no evidence that the employer has an explicit agreement to return this patient to work contingent upon completion of a Work Hardening/Work Conditioning program. No formal, employer-approved job/physical demands analysis is in evidence. There is no evidence that the treating physician has consulted an employer-approved job/physical demands analysis prior to prescribing Work Hardening/Work Conditioning. The injured worker has not maximized a trial of conventional physical therapy. Work Hardening/Work Conditioning is not medically necessary in this case because the treating physician has not provided the necessary components of the Work Conditioning program as recommended in the MTUS, and because the injured worker does not meet the necessary criteria listed in the MTUS.