

Case Number:	CM14-0113577		
Date Assigned:	08/01/2014	Date of Injury:	02/01/2007
Decision Date:	10/31/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 Arizona. 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 51-year-old male with a date of injury of 2/1/2007. He was connecting a tow bar lift when he felt acute pain in his lower back. As a result of his injury, he subsequently underwent an L3-S1 fusion. A progress note dated 3/14/2014 states the patient is 3 months post-operation from his L3-S1 fusion. He was complaining of some numbness in his right leg and a CT scan was ordered to assess the fusion. A progress note of 6/24/2014 states the CT scan shows a successful fusion from L2-S1 and the patient will now proceed with physical therapy and occupational therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 x per Week x 6 Weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The postsurgical treatment guidelines for a lumbar fusion stipulate 34 visits of physical therapy over 16 weeks and while the postsurgical physical medicine treatment period is 6 months. The surgeon, since he was concerned about the status of the fusion, elected to wait

until he had the results of the CT scan before starting physical therapy. Therefore, the medical necessity for the physical therapy has been established.