

Case Number:	CM14-0114050		
Date Assigned:	08/04/2014	Date of Injury:	05/23/1990
Decision Date:	10/10/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 75-year-old female was reportedly injured on May 23rd 1990. The most recent progress note, is a physical therapy note dated June 13, 2014, indicates that there are ongoing complaints. The physical examination demonstrated an abnormal gait, decreased functional mobility, and limited multi-segmental motion. There was decreased strength in the lower extremities and decreased sensation from L2 through L5 and no sensation at S1 and S2. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine interbody fusion on November 14, 2013 and postoperative physical therapy. A request had been made for an additional 12 to 18 sessions of physical therapy and was not certified in the pre-authorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - additional 12-18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post op: physical therapy guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective.

Decision rationale: A review of the attached medical record indicates that the injured employee has already participated in 30 sessions of postoperative physical therapy after hardware removal of the lumbar spine. The California Chronic Pain Medical Treatment Guidelines recommends a maximum of 24 visits of physical therapy for this condition. At this point it is expected that the injured employee should have transitioned to a home exercise program. Considering this, the request for an additional 12 to 18 sessions of physical therapy is not medically necessary.