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| Case Number: | CM14-0123198 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 01/26/2006 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/04/2014 |

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 45 year old male with a work injury dated 1/26/06. The diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, spondylolisthesis, lumbar spinal stenosis; status post anterior and posterior lumbar interbody fusion (9/25/13 and 9/27/13). Under consideration is a request for 12 sessions of physical therapy. There is documentation of admission to inpatient acute rehabilitation on 9/30/13 with discharge documentation dated 10/10/13. There is a primary treating physician report dated 3/12/14 document that states that the patient will be starting physical therapy post-op for the lumbar spine on March 18, 2014. The patient states that he was approved for 18 sessions. Per documentation, there is a 6/27/14 office visit where the patient has complaints of cervical spine, lumbar spine, right shoulder and bilateral knee pain. He states that the pain in the lumbar spine rated at 6/10 that was radiating to the bilateral lower extremities with complaints of paresthesias in the bilateral lower extremities. He also has cervical spine pain with paresthesias in the upper extremities. He has bilateral knee, bilateral ankle and foot pain. The cervical spine pain was rated 5/10. The right shoulder and bilateral knee pain was rated 2/10. The patient stated that his pain is better with rest and medication. His current medications include Flomax and Lyrica. He needed a refill of Lyrica. The patient indicated that he is currently working. On physical examination there was lumbar spine tenderness to palpation bilaterally with no spasms noted. The range of motion revealed flexion to 60 with pain. Extension was full on active range of motion. Bilateral rotation was limited due to pain. Neurovascular status was intact distally. The patient ambulated with an antalgic gait. The patient was provided a prescription for Lyrica 50 mg #60. He was instructed to continue Flomax for his urological complaints. The provider also requested physical therapy 2 twice a week for 6 weeks and a follow-up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): p.98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that at this point the injured worker is out of the post op period for his surgery. The injured worker has had inpatient rehabilitation (inpatient acute 9/30/13 through 10/10/13) post operatively and then another 18 sessions were approved after that of therapy. At this point he should be well versed in a home exercise program. The request for 12 more sessions would exceed the Chronic Pain Medical Treatment Guidelines recommendation of up to 10 visits at this point. This would also exceed the post op time frame and number of visits for this procedure. The request for 12 sessions of physical therapy is not medically necessary.