

Case Number:	CM14-0130857		
Date Assigned:	08/20/2014	Date of Injury:	05/10/2012
Decision Date:	10/01/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 63-year-old male with a 5/10/12 date of injury and status post laminotomy L4-5 with medial facetectomy and foraminotomies, and discectomy on 9/30/13. At the time (6/4/14) of the request for authorization for additional PT (physical therapy 3 times a week for 4 weeks for the lumbar spine, there is documentation of subjective (constant pain in the low back with radiation of pain into the lower extremities) and objective (palpable paravertebral muscle tenderness with spasm, standing flexion and extension are guarded and restricted, there is tingling and numbness in the L4 and L5 dermatomal pattern) findings, current diagnoses (lumbar discopathy, right shoulder impingement syndrome, and internal derangement bilateral hips), and treatment to date (medications and 24 authorized postoperative physical therapy sessions). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT (Physical Therapy) 3 times a week for 4 weeks for the Lumbar Spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 16 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS postsurgical treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar discopathy. In addition, there is documentation of status post laminotomy L4-5 with medial facetectomy and foraminotomies, and discectomy on 9/30/13 and 24 authorized sessions of post-operative physical therapy sessions, which exceeds guidelines. Furthermore, given documentation of a 9/30/13 date of surgery, post-surgical physical medicine treatment period exceeds guidelines. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with previous physical therapy. Therefore, based on guidelines and a review of the evidence, the request for additional PT physical therapy 3 times a week for 4 weeks for the lumbar spine is not medically necessary.