

<b>Case Number:</b>	CM14-0135322		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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, 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 50 year old female with a work injury dated 4/28/10. The diagnoses include an anterior lumbar discectomy and interbody fusion L3-4, L4-5, and L5-S1, insertion of prosthetic machined spacers at L3-4, L4-5 and L5-S1, use of local bone graft on 6/19/12. On 12/19/2013 there was removal of lumbar hardware and a fusion of the right SI joint. Under consideration is a request for continuation of physical therapy -3 x 5 weeks (three times a week for five weeks for 15 total visits). There is a 7/26/14 orthopedic physician report which states that the patient continues to have right sided problems including hip, buttock, and leg pain. She has significant shoulder problems on the left from her rotator cuff. She uses a cane most of the time. On exam she is alert and oriented with appropriate mood and affect. Examination of her neck shows significant spasm especially on the left side to the trapezius and interscapular region. She does have a bit of impingement but this seems mostly because of spasm. She has some dysesthesias and decreased sensation into the ulnar digits on the left and ulnar forearm. Her lower back and hip area are tender on the right side. She has a hard time getting up from seated position but does not seem to have any focal motor weakness. She has some dysesthesias without any tension sign on the right side. There is a recommendation for aquatic therapy which has been the most helpful for now. Per documentation a 3/22/2013 slip and fall incident exacerbated the lower back pain. All imaging studies performed since this time confirms fusion and normal integrity of remaining hardware including the SI Joint screw.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUATION OF PHYSICAL THERAPY - 3X5 WEEKS (THREE TIMES A WEEK FOR FIVE WEEKS FOR 15 TOTAL VISITS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25-26, 34.

**Decision rationale:** The patient has received a total of 51 PT visits post operatively, and beyond the postsurgical physical medicine period for her spine surgeries. The Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The request exceeds this recommendation. Furthermore, at this point the patient should be well versed in a home exercise program. The request for continuation of physical therapy -3x5 weeks (three times a week for five weeks for 15 total visits) is not medically necessary.