

Case Number:	CM14-0138813		
Date Assigned:	09/05/2014	Date of Injury:	11/29/2013
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 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:

The underlying date of injury in this case is 11/29/2013. The date of initial utilization review under appeal is 08/14/2014. The treatment under review appears to be a request for postoperative physical therapy after a planned lumbar fusion. On 07/25/2014, the primary treating physician saw the patient in follow-up and noted the patient had failed maximum non-operative treatment for L4-5 spondylolisthesis with instability. The treatment note indicates a plan to proceed with lumbar fusion and notes that the patient would require 6-12 weeks of a specific core and lower extremity rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1 time per week for 24 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The California Medical Treatment Utilization Schedule Postoperative Surgical Treatment Guidelines for the lumbar spine recommend 34 visits over 16 weeks for post-surgical treatment. The same guidelines also state that the initial course of therapy should be

one-half of the recommended number of therapy visits. Thus, the guidelines recommend up to 17 initial postoperative physical therapy sessions. The medical records do not provide a rationale as to why more visits would be necessary as an initial prescription. This request is not medically necessary.