

Case Number:	CM14-0165156		
Date Assigned:	10/13/2014	Date of Injury:	03/24/2007
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship, 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 38-year-old male with a 3/24/07 date of injury, and status Post Laminectomy and Microdiscectomy L5-S1 4/5/07, status post exploration foraminotomy and discectomy L5-S1 4/30/08. At the time (9/26/14) of request for authorization for post-op physical therapy twice a week for six weeks for the lumbar spine, there is documentation of subjective (low back and radicular symptoms complaints) and objective (lumbar tenderness in the midline L3-S1 region with tenderness in the bilateral paraspinals and positive paravertebral spasm, positive straight leg raise, 4/5 quadriceps tendon test on the right) findings, current diagnoses (status Post Laminectomy And Microdiscectomy L5-S1 4/5/07, status post exploration Foraminotomy And Discectomy L5-S1 4/30/08, and instability at L5-S1), and treatment to date (medications, acupuncture, chiropractic, and physical therapy x 24 sessions). 9/17/14 medical report identifies that the patient would like to have the surgery as recommended by [REDACTED]. There is no documentation of a pending surgery that is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-OP physical therapy twice a week for six weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, Postsurgical Treatment Guidelines

Decision rationale: MTUS Associated Surgical Service: Postsurgical Treatment Guidelines identifies up to 34 visits of post-operative physical therapy over 16 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 diagnoses of status post laminectomy and microdiscectomy L5-S1 4/5/07, status post exploration foraminotomy and discectomy L5-S1 4/30/08, and instability at L5-S1. However, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for post-op physical therapy twice a week for six weeks for the lumbar spine is not medically necessary.