

Case Number:	CM14-0176684		
Date Assigned:	10/30/2014	Date of Injury:	02/28/2012
Decision Date:	12/05/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine, and is licensed to practice in Ohio. 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 injured worker is a 56 year old female with low back pain and bilateral knee pain since the early 1990's. On 2-28-2012 she had an altercation at work which resulted in worsening back pain and bilateral knee pain. On 11-19-2013 she had a partial vertebral corpectomy at L4-L5, direct lateral arthrodesis at L4-L5 with insertion of a prosthetic device. She had numerous physical therapy visits pre-operatively but a review of 760 documents fails to reveal evidence that she had post-operative physical therapy. On 7-2-2014 she reported good success with the surgery but still experienced intermittent, sharp, shooting back pain. The physical exam revealed diminished lumbar range of motion, tenderness to palpation of the paravertebral muscles, diminished right quadriceps and hamstring strength, and diminished sensation to the lateral aspect of the right foot. Straight leg raise testing was negative bilaterally. The diagnoses include lumbar spondylolisthesis, lumbar discopathy, and lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 24 visits, 3 times a week for 8 weeks, to the back post fusion: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: The Official Disability Guidelines allow for post- operative physical therapy following a lumbar fusion surgery up to 34 visits over 16 weeks after graft maturation. There are no post-operative physical therapy notes included in the over 760 documents reviewed. On 1-20-2014 the treating physician noted that the injured worker was not receiving physical therapy. The physical exam dated 7-2-2014 was remarkable for lumbar muscular tenderness and reduced range of motion. Therefore, physical therapy for the lumbar spine, 3 visits weekly for 8 weeks, is medically necessary per the referenced guidelines.