

Case Number:	CM14-0022597		
Date Assigned:	05/09/2014	Date of Injury:	12/15/2007
Decision Date:	07/10/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 61 year old male who had a work injury dated 12/15/07. There are diagnoses of L3 to S 1 disc herniations, marked foraminal stenosis L3 to S 1 bilaterally, left side greater than right, causing significant radiculopathies, advanced disc deterioration with end plate and modic changes, facet arthropathy and levoscoliosis L3-S1, Lumbar Spondylosis with Myelopathy, chondromalacia patella, and left knee bursitis. There is request for 18 post operative physical therapy visits for lumbar spine 3 times a week for 6 weeks. There is an 11/27/13 PR-2 report which states that the patient complained of constant severe pain that was described as aching, throbbing and sharp. The pain was aggravated by kneeling, squatting, prolonged walking and lifting. The patient reported numbness throughout his lumbar spine. There were complaints of constant moderate pain that the patient described as aching. This pain was aggravated by walking and standing. The patient reported numbness to the area. On examination the patient ambulates with a cane. There was +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to SI, multifidus and bilateral piriformis muscles. Kemp's test was positive bilaterally. The straight leg raise test was positive bilaterally. The left hamstrings reflex was decreased. The right hamstrings reflex was decreased. The left Achilles reflex was decreased. The right Achilles reflex was decreased. The L5 dermatome was decreased on the right to light touch. The S I dermatome was decreased on the right to light touch. Knees: There was +4 spasm and tenderness to the left anterior joint line and left quadriceps muscle. Valgus test was positive on the left. Varus test was positive on the left. McMurray's test was positive on the left. There was a request for Lumbar spine L3-S1 posterior spinal fusion and decompression which was deemed not medically necessary per documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 POST OPERATIVE PHYSICAL THERAPY VISITS FOR LUMBAR SPINE THREE TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The medical records provided for review indicates that the patient was not approved to have lumbar surgery. Therefore, the request for the postoperative therapy at 18 visits for the lumbar spine 3 times a week for 6 weeks is not medically necessary and appropriate.