

Case Number:	CM14-0026078		
Date Assigned:	06/13/2014	Date of Injury:	09/29/2011
Decision Date:	07/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 injured worker is a 36-year-old male with reported date of injury on 09/29/2009. The mechanism of injury was not provided within the clinical information available for review. The injured worker previously underwent an L5-S1 transforaminal lumbar interbody fusion. The injured worker presented with low back pain and right leg pain, rated at 6/10. Upon physical examination the injured worker's lower extremity muscle strength was rated at 5/5. The injured worker's diagnosis included transforaminal lumbar interbody fusion at L5-S1 with iliac crest bone graft, liver dysfunction, and deep vein thrombosis prophylaxis. The injured worker's medication regimen included Exalgo, Celebrex, and Dilaudid. According to the clinical note dated 01/08/2014, the physician requested postoperative lumbar physical therapy 3 times a week for 6 weeks to 6 sessions of aquatic transitioning to land sessions to help decrease the injured worker's reliance on pain medications and increase mobilization. The Request for Authorization for postoperative physical therapy of lumbar 3 x 3 and pool therapy 3 x 3 lumbar was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY OF LUMBAR 3X3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend 34 physical therapy visits over 16 weeks for postsurgical treatment after a fusion. The clinical information provided for review lacks documentation related to the injured worker's range of motion and physical deficits. There is a lack of documentation related to the goals of postoperative physical therapy. The transforminal lumbar interbody fusion was performed 11/14/2014, the clinical information indicated the injured worker participated in physical therapy postoperatively. The results of previous physical therapy were not provided within the clinical information available for review. The guidelines recommend 8-10 visits over a 4 week period after the post-operative phase. The request for an additional 9 physical therapy visits exceeds the recommended guidelines. In addition, the request as submitted failed to provide the actual frequency of physical therapy. Therefore, the request for post-operative physical therapy of lumbar 3 times a week for 3 weeks is not medically necessary.

POOL THERAPY 3X3 LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so is specifically recommended when reduced weight bearing is desirable. The guidelines recommend 8 to 10 visits over a 4 week period. The clinical information provided for review lacks documentation indicating the need for a therapy that minimizes the effects of gravity. There is a lack of documentation related to the goals of physical therapy. The clinical information, lacks documentation related to the injured worker's functional deficits to include the injured worker's range of motion values. In addition, the request as submitted failed to provide the quantity of sessions being requested beyond 3 x 3. Therefore, the request for pool therapy 3 times a week for 3 weeks lumbar is not medically necessary.