

Case Number:	CM14-0027165		
Date Assigned:	06/16/2014	Date of Injury:	02/02/2004
Decision Date:	07/16/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	03/03/2014

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 48-year-old male who sustained an injury to his low back on 02/02/04. The mechanism of injury was not documented. Treatment to date has included treatment with medications, massage therapy, surgery and an unspecified unit of postoperative physical therapy. The records indicate that the injured worker developed left drop foot in June 2012 following lumbar surgery. A clinical note dated 05/28/13 reported that the patient's subjective complaints of low back pain are worse by 100% due to increased intensity and frequency of pain, swelling and development of drop foot gait. Physical examination noted mild scoliosis, diffuse tenderness in the lumbosacral spine region, no muscle spasm, rigidity, range of motion flexion 5, extension 0, right lateral band 2, left lateral bed 1. Reflexes absent bilaterally at the knees, straight leg raise positive 45 bilaterally, sensory diminished, and motor strength diminished.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 PHYSICAL THERAPY SESSIONS, 3X/WK FOR 3 WEEKS LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for nine physical therapy visits three times a week for three weeks lumbar spine is not medically necessary. The records indicate that the injured worker had received extensive physical therapy following the previous fusion at L4-5 and L5-S1. It is recommended for up to 34 visits over 16 weeks for the diagnosed injury not to exceed six months. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for nine physical therapy visits three times a week times three weeks lumbar spine has not been established.