

Case Number:	CM14-0033093		
Date Assigned:	06/20/2014	Date of Injury:	10/31/2010
Decision Date:	07/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/16/2014

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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 10/31/10. A utilization review determination dated 2/3/14 recommends non-certification of additional therapy lumbar x 6. Patient underwent lumbar fusion and has had 33 postsurgical physical therapy sessions since 6/18/13. 1/31/14 medical report identifies no subjective or objective findings. 2/14/14 medical report identifies slightly increased pain. No objective findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy on the Lumbar x 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 26.

Decision rationale: Regarding the request for additional physical therapy, California MTUS supports up to 34 PT sessions after lumbar fusion, with half that amount recommended initially and additional sessions if there is documentation of functional improvement. Within the documentation available for review, there is documentation of completion of at least 33 prior physical therapy sessions, but there is no documentation of specific objective functional

improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program. Furthermore, the proposed number of sessions exceeds the recommendations of the California MTUS; there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.