

Case Number:	CM14-0033345		
Date Assigned:	06/20/2014	Date of Injury:	11/10/1995
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 63-year-old male injured on November 10, 1995. The mechanism of injury was not listed in the reviewed records. The most recent progress note, dated March 10, 2014, indicates that there were ongoing complaints of low back pain. It was also reported, that subsequent to a previous course of physical therapy, subjective pain improvement is noted. The physical examination demonstrated the injured employee to be in no acute distress. There was no evidence of inappropriate or illicit drug use. There was a well healed surgical scar in the lumbar region of the spine and tenderness to palpation. A decrease in lumbar range of motion was also noted. Strength was reportedly 5/5 with tendon reflexes intact. Diagnostic imaging studies were not referenced. Previous treatment included multiple lumbar surgeries and numerous sessions of physical therapy. A request had been made for additional physical therapy and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of injury, the multiple surgical interventions completed, the physical therapy rendered subsequent to the most recent surgical intervention and by the parameters outlined in the postoperative lumbar spine physical therapy guidelines in California Medical Treatment Utilization Schedule (CAMTUS), there is no clinical indication for any additional physical therapy at this time. Such therapy should be completed within several months of the surgery. At most, a home exercise protocol emphasizing overall fitness, conditioning and achieving an ideal body weight is all that would be supported. As such, there is no medical necessity for additional formal physical therapy.