

Case Number:	CM14-0034719		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2011
Decision Date:	08/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/20/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old male with a date of injury on 1/22/2011. Patient is status post lumbar fusion of L4-5 on 10/28/2013. Subjective complaints are of increasing low back pain up to 10/10 at times and 6-7/10 with medications. Patient has been having anxiety, and having difficulty completing exercises on land and shallow water. Physical exam shows an antalgic gait, 1+ reflexes at knees and ankles, sensation intact. X-ray exam showed L5 hardware intact and alignment is excellent. Submitted documentation indicates that patient began postoperative physical therapy on 12/16/13, and on 1/22/14 a progress report states that patient has had no significant improvement, decrease in pain, or ability to perform functional tasks. Documentation indicates that the patient had been approved for 12 aquatic sessions and 12 land-based physical therapy sessions. Records indicate that patient has completed 7 aquatic sessions, and no land based therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The Postsurgical MTUS states that the recommended sessions status post lumbar fusion is 34 sessions over 16 weeks. The initial care should be half the general course, with documentaion showing functional improvement. For this patient, 24 sessions have already been approved, and there is no evidence these have been completed. Therefore, 12 additional sessions would not be necessary until outcome of previous therapy has been determined. Therefore, the medical necessity of 12 physical therapy sessions is not established.