

Case Number:	CM14-0044844		
Date Assigned:	07/02/2014	Date of Injury:	02/06/2012
Decision Date:	07/31/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/11/2014

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 2/6/12. A utilization review determination dated 4/7/14 recommends modification from 8 post-op Physical Therapy (PT) sessions to 6. It noted that the patient is s/p L5-S1 decompression and fusion on 10/1/13 and an unknown amount of post-op PT sessions have been completed with symptomatic and functional improvement noted. 3/31/14 medical report identifies patient doing well with some left sided low back pain and intermittent numbness and tingling in the left leg. He has been walking a little and would like to increase his activity, walking and riding a bike. On exam, there is tenderness noted. The treatment plan was to slowly increase walking distance and additional activities such as bike riding. 5/1/14 medical report identifies continued LBP with and without activity. Medication is causing him to have an upset stomach. No abnormal exam findings are noted. 24 sessions of post-op PT are recommended. The included PT notes begin on 4/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: Regarding the request for 8 sessions of post-operative physical therapy, California MTUS supports up to 34 sessions after lumbar fusion, with a postsurgical physical medicine treatment period of 6 months. CA MTUS also cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, it is noted that the prior utilization reviewer modified the request from 8 sessions to 6 sessions for the purpose of transitioning the patient to an independent home exercise program. It appears that the patient had improvement from an unspecified number of prior PT sessions. The time of the current request appears to be approximately 6 months after surgery and the patient appears to be active in walking and bike riding, with no significant functional deficits noted. Additionally, there is no documentation as to why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested 8 sessions of post-operative physical therapy are not medically necessary.