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| Case Number: | CM14-0045823 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 01/01/2013 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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, and is licensed to practice in Illinois. 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 42 year old male who reported injury on 01/01/2013. The mechanism of injury was not provided. Diagnoses included displacement of the lumbar disc, and lumbago. The past treatments included physical therapy. Surgical history noted a laminectomy and discectomy at L5-S1 on 11/18/2013. The physical therapy progress note dated 02/21/2014, noted the injured worker complained of no pain. The physical exam revealed improvements in function and pain from the initial visit to the 6th visit, to include, being unable to run due to symptoms, to being able to run greater than 500 yards without symptoms, 3-4/10 pain to no pain, hip flexion from 39-50 degrees, to 60-90 degrees, severe deficit with straight leg raise, 30-39 degrees, to moderate deficit with straight leg raise, 40-54 degrees. Moderate activity limitation, Oswestry Disability Index score 32, to mild activity limitation, Oswestry Disability Index score 10. The injured worker continued to have mild difficulty lifting, and mild impairment with lumbar range of motion, to 20-25 degrees of side bending, 20-25 degrees of extension, and 40-50 degrees of flexion. It was noted, by the 8th physical therapy visit, dated 02/26/2014 (There were no more recent notes provided.), that the injured worker was able to complete exercises without reported increase in symptoms, and that he had excellent form and understanding of core stabilization exercises. Medications were not included. The treatment plan requested to continue with the 6 authorized physical therapy visits remaining to continue progression of lumbar stabilization. The Request for Authorization form was submitted for review on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy x12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for post-operative physical therapy x12 sessions is not medically necessary. The injured worker had a laminectomy and discectomy at L5-S1, on 11/18/2013, and physical therapy with improvement noted in the first 6 sessions. It was noted that the injured worker was able to perform exercises with excellent form and understanding, and no increase in symptoms. The California MTUS guidelines recommend physical therapy to restore flexibility, strength, endurance, function, and range of motion. Treatment for post-operative care after a discectomy/laminectomy is recommended for up to 16 visits over 8 weeks, and then to continue active therapies at home as an extension of the treatment process. The total number of physical therapy visits attended was unclear. There was good progress noted in the documentation provided, and the injured worker is now 10 months post-operative. There is a gap in the documentation provided, from February 2014 through the present. There is no indication of the injured worker's current functional condition to determine medical necessity. Given the previous, an additional 12 sessions of physical therapy is not supported at this time. Therefore, the request is not medically necessary.