

<b>Case Number:</b>	CM14-0046644		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/24/2004
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 58-year-old who was injured in a work related accident on March 24, 2004. The records provided for review document that the claimant underwent a lumbar laminectomy and foraminotomy with exploration of a prior fusion on January 30, 2014. Postoperatively, the claimant had participated in eight sessions of physical therapy. The report of the follow up office visit on March 18, 2014 noted low back related complaints with improved left leg pain since surgery. The medications of Naprosyn and Tylenol #4 were being utilized. Physical examination documented a well healed clean incision and diminished sensation to light touch over the calf musculature. The recommendation for continuation of formal physical therapy for eighteen additional sessions was made. There was no other documentation of postoperative imaging or postoperative physical examination findings for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighteen physical therapy sessions for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Based on the Post-Surgical Rehabilitative Guidelines, the request for eighteen additional sessions of therapy would not be supported. The Post Surgical Guidelines

recommend sixteen physical therapy visits to be completed within an eight week time period after the surgery. The records document that the claimant already had eight therapy sessions. The request for eighteen additional sessions would exceed the Post Surgical Guidelines. There is no documentation of objective findings on examination that would indicate the claimant is an exception to standard guideline treatment. Therefore, the request for physical therapy sessions for the lumbar spine is not medically necessary or appropriate.