

Case Number:	CM14-0048121		
Date Assigned:	07/02/2014	Date of Injury:	07/29/2011
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Surgeon, has a subspecialty in Spine Surgery and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 07/29/2011. The mechanism of injury was not provided in the medical records. His current diagnoses include status post right L5-S1 laminectomy and facetectomy for spinal stenosis. His previous treatments include medications, physical therapy and surgery. Per the clinical note dated 03/20/2014, the injured worker was 5 1/2 months following his right L5-S1 laminectomy for spinal stenosis. He had completed 12 supervised physical therapy sessions and reported that it was helpful. The injured worker reported that his surgery was effective and he was off of all his pain medications. He denied any numbness, weakness, or tingling of his legs and he stated he felt strong. On physical examination, the physician reported he could walk on his tiptoes and heels, forward and backward lumbar flexion were 80 degrees and 20 degrees. The physician reported the sciatic nerve stretch test was negative and his lower extremities demonstrated motor strength at 5/5 in all muscle groups. Per the clinical note dated 03/24/2014, the injured worker had complaints of low back pain and right leg pain below the knee to the foot. The injured worker described his pain to be dull and nerve damaging. The injured worker reported that his pain had gotten better with physical therapy and he had completed 12 sessions of physical therapy. However, he continued to have some weakness and tingling in his legs. He reported he had limitations with walking or standing for prolonged periods of time as well as driving as it aggravated his low back pain and caused him numbness and tingling radiating down his right leg. On physical examination of the lumbar spine, the physician reported the lateral bending left and right, flexion, and extension were about 50% of normal and he had pain to palpation at the L4-5 and L5-S1. The physician's treatment plan included a recommendation for continued physical therapy for 3 times a week for 4 weeks for a total of 12 visits as he was making improvement but his range of motion was quite limited. The request for authorization was provided on 04/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient post operative physical therapy two(2) times a week times six(6) weeks to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

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

Decision rationale: The request for outpatient postoperative physical therapy 2 times a week times 6 weeks to the lumbar spine is not medically necessary. The California MTUS Post-Surgical Guidelines state that postsurgical physical medicine is medically necessary, and initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Patients shall be reevaluated following continuing of therapy when necessary or no later than every 45 days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued, as the patient gains independence in management of symptoms and with achievement of functional goals. The Post-Surgical Physical Therapy Treatment Guidelines for discectomy/laminectomy is 16 visits over 8 weeks for a period of 6 months. As, the documentation indicated the patient had made functional improvements with physical therapy and was able to discontinue his medications. However, he still continued to have weakness and pain. The patient was reported to have completed 12 sessions of physical therapy within the period of 6 months. However, the current request is out of the medical treatment period of 6 months and the request exceeds the number of sessions that are recommended. As such, the request for outpatient postoperative physical therapy 2 times a week times 6 weeks to the lumbar spine is not medically necessary.