

<b>Case Number:</b>	CM14-0056584		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/21/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 6/21/11. A utilization review determination dated 3/27/14 recommends non-certification of post-op physical therapy x 24, noting that physical therapy is not medically necessary as there was no surgery necessary. The 3/4/14 medical report identifies low back pain radiating to the BLE with numbness and tingling. On exam, there is tenderness, spasm, limited ROM, positive SLR bilaterally at 30 degrees and pain radiating to the LLE, and weakness in the L4-S1 bilaterally. Anterior posterior fusion and decompression at L5-S1 was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 sessions of post-op physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10; 26.

**Decision rationale:** Regarding the request for 24 sessions of post-op physical therapy, CA MTUS states that up to 34 total sessions are supported after lumbar fusion, with half that amount recommended initially. Within the documentation available for review, the documentation suggests that the surgery has not been authorized. Regardless, the requested number of sessions

exceeds the recommendations of CA MTUS for initial postoperative physical therapy and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested 24 sessions of post-op physical therapy are not medically necessary.