

Case Number:	CM14-0061096		
Date Assigned:	07/09/2014	Date of Injury:	02/11/2013
Decision Date:	08/13/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

The injured worker is a 30-year-old male who reported an injury on 02/11/2013 after he placed a printer on a car which reportedly caused an injury to his low back. The injured worker failed conservative treatment and ultimately underwent an L4-5 discectomy in 09/2013. This was followed by postsurgical physical therapy. The injured worker was evaluated on 03/03/2014. It was documented that the injured worker had intermittent low back pain rated at a 1/10 to 2/10, had been attending physical therapy for 2 to 3 weeks which was assisting with pain control and increased range of motion. Physical findings included mild paraspinal spasming and tenderness with a negative straight leg raising test and 4/5 motor strength weakness in the extensor hallucis longus. The injured worker's diagnoses included status post L4-5 microdiscectomy. A request was made for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar 2-3 X a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Post-surgical Rehabilitation.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends up to 16 visits of postsurgical treatment in the management of a low back disorder that involved a laminectomy. The clinical documentation submitted for review does indicate that the injured worker is participating in physical therapy status postsurgical intervention. However, the specific number of visits that the injured worker has already participated in is not identified within the submitted clinical documentation. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to assist with maintaining improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has some minor deficits. The injured worker has 1 to 2 pain and 4/5 motor strength weakness in the extensor hallucis longus. However, there is no factors to preclude further progress of the injured worker while participating in a home exercise program. As such, the requested physical therapy of the lumbar spine 2 to 3 times a week for 6 weeks is not medically necessary or appropriate.