

Case Number:	CM14-0064256		
Date Assigned:	07/11/2014	Date of Injury:	08/24/2012
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 32-year-old male who reported an injury on 08/24/2012. The mechanism of injury was not stated. The current diagnosis is significantly improved mechanical lumbago. The injured worker was evaluated on 04/07/2014. It is noted that the injured worker was 6 months status post bilateral L4-5 and right L5-S1 microlaminotomy and right L4-5 and L5-S1 microdiscectomy. It is also noted that the injured worker has completed a course of physical therapy and was scheduled to initiate aquatic therapy. The injured worker reported 70% improvement in symptoms. Physical examination revealed 70% extension with guarding and right L5 hypesthesia. Treatment recommendations at that time included initiation of the aquatic therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine 3 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the injured worker has completed a previous course of physical therapy. There is no documentation of a significant musculoskeletal or neurological deficit. The injured worker is actively participating in a home exercise program. The medical necessity for additional physical therapy has not been established. As such, the request is not medically necessary.