

Case Number:	CM14-0075110		
Date Assigned:	07/16/2014	Date of Injury:	08/19/2010
Decision Date:	08/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/22/2014

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:

A 42 year old claimant with industrial an injury reported on 8/19/10. Claimant is status post L4-S1 anterior and posterior spinal fusion after artificial disc replacement failure on 4/29/13 and 5/2/13. CT scan lumbar spine 3/26/13 demonstrates patent central canal with no stenosis or neural foraminal stenosis. Exam note 1/7/14 demonstrates improvement in preoperative status and lower extremity weakness since surgery. Exam note 4/2/14 demonstrates claimant continuing to do light duty. Request is made for more physical therapy 2-3 times per week for 6-8 weeks. Physical therapy note from 4/11/14 demonstrates 17 visits completed. Problem list demonstrates decreased range of motion, mobility, strength, increased paraspinal muscle tone, antalgic gait and fair balance and proprioception.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy QTY: 24.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Knee and Leg chapter, Abnormality of Gait.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: According to the CA MTUS Post Surgical Treatment Guidelines, Low Back, pages 25 and 26, 34 visits are recommended over a 16-week period with postsurgical physical medicine period over 6 months. In this case the exam note from 1/7/14 does not demonstrate any significant objective findings to warrant an exception to warrant additional visits of therapy. There is no significant strength or range of motion deficits to warrant further visits. It is not clear why the patient cannot reasonable be transitioned to a self-directed home program. The request is outside the 6 month postsurgical treatment period. Therefore the determination is for non-certification.