

Case Number:	CM14-0076093		
Date Assigned:	07/16/2014	Date of Injury:	06/24/2009
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Family Medicine 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 66 year old male whose date of injury is 06/24/2009. The injured worker slipped on the wet ground. Treatment to date includes microdiscectomy left L4 to L5 on 05/14/12, microdiscectomy left L3 to L4, left L3 to L4 revision interlaminar decompression, left L4 to L5 interlaminar decompression, left L3 to L4, L4 to L5 and L5 to S1 foraminotomy on 12/03/13. The injured worker has completed sixteen postoperative physical therapy visits to date. Progress report dated 06/16/14 indicates that diagnoses are sprain/strain lumbosacral, sprain/strain sacroiliac, and talipes cavus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional sessions of Post-Operative Physical Therapy two times a week for four weeks (16 sessions) directed to the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines: Back Chapter.

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

Decision rationale: The injured worker underwent surgical intervention to the low back in December 2013 and has completed sixteen postoperative physical therapy visits to date. California Medical Treatment Utilization Schedule (MTUS) guidelines support up to sixteen sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Based on the clinical information provided, the request for postoperative physical therapy two times a week for four weeks (sixteen sessions) additional sessions is not recommended as medically necessary.