

Case Number:	CM14-0085915		
Date Assigned:	07/23/2014	Date of Injury:	04/30/2010
Decision Date:	09/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Texas. 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 case involves a 42 year old female who sustained an industrial injury on 04/30/2010 and is status post lumbar fusion performed on 10/22/2013. On 5-19-14, the claimant has decreased range of motion and is treating with medication and postoperative 15 physical therapy sessions. X-rays shows the fusion is stable, but no solid fusion yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy 2 times a week for 4 weeks, Lumbar Spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine - physical therapy.

Decision rationale: Post-Surgical Treatment Guidelines as well as Official Disability Guidelines (ODG) reflects that postop physical therapy is recommended. Post fusion, after graft maturity, 34 visits over 16 weeks is indicated. This injured worker is noted to be improved with physical therapy but has some residual deficits. Based on the records provided, the request for additional physical therapy is reasonable and medically indicated. The injured worker has completed physical therapy as recommended per current treatment guidelines and had improvement with

the physical therapy sessions she has been provided. This injured worker has residual deficits and some weakness. Therefore, the requested physical therapy is reasonable and medically indicated.