

Case Number:	CM14-0087602		
Date Assigned:	07/23/2014	Date of Injury:	11/27/2007
Decision Date:	10/07/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/11/2014

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 & 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:

This patient sustained an injury on 11/27/07 while employed by [REDACTED]. Request(s) under consideration include continued post op PT x 12 to lumbar spine. Diagnoses include lumbar disc disease s/p lumbar surgery in June 2013. Report of 1/9/14 from the provider noted the patient underwent back surgery on 6/24/13 and has been doing physical therapy; he is increasing his strength; continued moderate lower back pain. Exam showed midline incision healing well; motor strength 5/5 at bilateral TA/ EHL/ GS/ Q/ HS/ IP; no sensory deficits. X-rays showed lumbar spine with hardware intact L4-5 artificial disc replacement; interbody fusion L5-S1; good fusion consolidation; no evidence screw migration or misplacement. Diagnoses included lumbar disc displacement/ stenosis/ intervertebral disc degeneration. Treatment included continuing with therapy with request for 12 sessions. The patient remained off work. Report of 4/9/14 from the provider noted the patient was 9-1/2 months post-operative doing well. Exam and diagnoses were unchanged. The patient remained off work. The provider noted the patient has progressed in endurance and range from PT rendered; however, still has significant weakness. Additional therapy was to assist in strengthening as job requires lifting over 50 lbs. at a time. The request(s) for continued post op PT x 12 to lumbar spine was modified for 6 sessions on 5/13/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued post op PT x 12 to lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical physical medicine treatment period, Physical Therapy, Page(s): pages 98-99,.

Decision rationale: The patient is post lumbar surgery over 15 months thereby post-operative rehabilitation period does not apply. It is unclear how many total quantity of post-op PT the patient has completed; however, multiple reports from the provider had request for continued PT with intact neurological exam yet the patient has not returned to any form of modified work remaining TTD or had decrease in medication profile or medical utilization. MTUS, post-operative therapy allow for 34 visits over 16 weeks (4 months) for Lumbar fusion surgery over a postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. The patient's surgery is now over 15 months, passed the rehab period of 6 months with report of functional improvement from the PT visits already rendered. The patient had recent certification for an additional 6 sessions, without demonstrated operative complications or extenuating circumstances to allow for further PT beyond the guidelines criteria. Submitted reports have not demonstrated any acute new injuries requiring further therapy as the patient has past the rehabilitation period and should continue with the previously instructed independent home exercise program as noted by the therapist. The Continued post op PT x 12 to lumbar spine is not medically necessary and appropriate.