

Case Number:	CM14-0179887		
Date Assigned:	11/04/2014	Date of Injury:	11/07/2012
Decision Date:	01/06/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/29/2014

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 Spine Surgeon 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:

The injured worker is a 53-year-old male who reported an injury on 11/07/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post posterior L3-4, L4-5, L5-S1 decompression in 06/2014, chronic cervical spine sprain/strain, and right knee patellofemoral arthralgia. Past medical treatment consisted of surgery, physical therapy, acupuncture, and medication therapy. Medications include Elavil 25 mg by mouth daily before bed for sleep deprivation, anxiety, pain, and restless leg symptoms. In 06/2014, the injured worker underwent lumbar decompression and completed postoperative physical therapy. On 10/07/2014, the injured worker was noted to be doing quite well following lumbar laminectomy in June. Physical examination revealed no apparent distress and that his gait was grossly within normal limits. The injured worker did have discomfort with flexion and extension of the lumbar spine. The medical treatment plan is for the injured worker to undergo additional physical therapy 1 to 2 times a week for 6 weeks for the lumbar spine. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 Times a Week for 6 Weeks for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: The request for Physical Therapy 1-2 Times a Week for 6 Weeks for the Lumbar Spine is not medically necessary. The California MTUS Guidelines state that 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." Active therapy requires and internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was documented that the injured worker had completed postoperative therapy. However, there was no indication as to how many treatment sessions he had completed to date. Physical examination findings dated 10/07/2014 did not reveal any functional deficits the injured worker might be having to the lower back. Additionally, there was no indication of the injured worker having trialed and failed any NSAID therapy. Furthermore, there was no evidence showing that the injured worker was participating in a home exercise program. The guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not submitted for review. The request as submitted is for a total of up to 12 physical therapy visits, exceeding the recommended guidelines. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.