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| <b>Case Number:</b>   | CM14-0198411 |                              |            |
| <b>Date Assigned:</b> | 12/08/2014   | <b>Date of Injury:</b>       | 05/07/1997 |
| <b>Decision Date:</b> | 01/23/2015   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/25/2014 |

### 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, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 64-year-old female who reported an injury on 05/07/1997. The mechanism of injury was not provided. Her diagnoses included status post L2-3 and L3-4 surgery on 07/19/2014, history of right knee arthroscopy on 07/23/2002, and degenerative joint disease of the right knee. The past treatments have included ice and pain medication. Imaging studies were not provided for review. Surgical history included discectomy and fusion at L2-3 and L3-4. The progress note, dated 11/05/2014, noted the injured worker complained of lumbar spine and right knee pain, with right sided low back/buttock pain, and abdominal pain following her surgical procedure. Her pain was rated an 8/10. The physical exam revealed tenderness to palpation of the right sacroiliac joint, peripheral edema, 5/5 strength of the lower extremities, and the injured worker was noted to be neurovascularly intact. Her medications included Voltaren XR 100 mg daily and Percocet. The treatment plan encouraged activity as tolerated, and requested a general surgical consultation due to her abnormal symptoms following the lumbar fusion. The Request for Authorization form was submitted for review on 10/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Postoperative physical therapy for the left quads, 3x week for 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11.

**Decision rationale:** The request for 12 Postoperative physical therapy for the left quads, 3x week for 4 weeks is not medically necessary. The injured worker was noted to have had a right knee arthroscopy in 07/2002, and a lumbar fusion in 07/2014. The California MTUS Guidelines state medical necessity for postsurgical physical medicine is dependent on comorbid conditions, prior pathology/surgery, complexity of the surgical procedure, surgical complications, and the patient's essential work functions. If postsurgical physical therapy is medically necessary, an initial course of therapy may be prescribed, and with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of treatment. The post-surgical treatment period for lumbar fusion is 6 months. There is a lack of documentation of a surgical procedure affecting the left quadriceps muscles. There is no documentation of functional limitations involving the left quadriceps muscles. Given the lack of documentation of surgical intervention or functional limitations involving the left quadriceps, postoperative physical therapy is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.