

<b>Case Number:</b>	CM14-0206686		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/05/1989
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 is a 71-year-old male with a 5/5/89 date of injury. The UR decision dated 11/21/4 refers to a physical therapy note dated 11/18/14, however, this was not provided for review. According to this report, the patient has completed 12 sessions of physical therapy. He was status post lumbar laminectomy and nerve root decompression at L4-L5 and L5-S1 on 9/17/14. He had 60% improvement from physical therapy and reported no radiating symptoms. Objective findings: limited ability to ambulate, limited with straight raise test, balance, and flexibility. Diagnostic impression: lumbar radiculitis, status post lumbar laminectomy and nerve root decompression at L4-L5 and L5-S1 on 9/17/14. Treatment to date: medication management, activity modification, physical therapy, ESI, and surgery. A UR decision dated 11/21/14 denied the request for physical therapy. In this case, the claimant underwent lumbar laminectomy and nerve root decompression at L4-L5 and L5-S1 on 9/17/14 and has completed 12 post-operative physical therapy visits with noted improvement. Although improvement is noted from the completed visits, the ongoing deficits are limited to limitations with gait, which is minimal. There is limited information that indicates why the claimant cannot address the residual deficits through a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, it is noted that this patient has completed 12 sessions of post-surgical physical therapy with improvement. However, guidelines only support up to 16 visits over 8 weeks status post lumbar laminectomy. An additional 8 sessions would exceed guideline recommendations. In addition, there is no documentation as to why this patient has been unable to transition to an independent home exercise program at this time. Therefore, the request for physical therapy 2 x a week for 4 weeks is not medically necessary.