MAXIMUS Federal Services

Case Number:	CM14-0209857		
Date Assigned:	12/22/2014	Date of Injury:	09/25/2006
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 09/25/2006. The date of the utilization review under appeal is 12/01/2014.A physical therapy progress note as of 11/13/2014 notes the patient was status post a lumbar fusion revision at L2-S1 which was performed 07/15/2014. As of that time, the patient's standing was limited to 10 minutes, and the patient was walking for 30 minutes or was walking or was walking for five or ten minutes without a walker and was able to sit for one hour.On 11/20/2014, the patient was seen in orthopedic followup by her surgeon who had performed her revision spinal fusion several months previously. The surgeon noted that prior to the surgery the patient was essentially wheel-bound and headed toward paralysis The patient was now markedly improved. She was independent with a walker and was driving, and her quality of life was improved, although she still had ongoing pain. The patient's exam was otherwise unchanged. The treating physician felt that the patient's physical therapy had been tremendously helpful. The treating physician noted that the patient had completed initial therapy and felt that an additional course of therapy would be beneficial.Therapy notes as of 12/09/2014 indicate that the patient has attended 13 therapy visits.An initial utilization review partially certified the current request for six visits: A specific rationale for this determination is not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Continued Physical Therapy Sessions for the Lumbar (2x6): Overturned

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

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

Decision rationale: The Medical Treatment Utilization Schedule Postsurgical Treatment Guidelines Section 24.3 states on page 11 that with documented functional improvement, a subsequent course of therapy shall be prescribed. This is a very complex situation in which this patient underwent not only a fusion but a revision fusion and had profoundly limited gait ability preoperatively but has advanced to ambulation with a walker. Continued physical therapy with the goal of advancing the patient's gait abilities further would be supported by the guidelines and would not be feasible on an independent basis. Therefore, the request for additional physical therapy is supported by the treatment guidelines. This request is medically necessary.