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| Case Number: | CM14-0211058 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 04/02/2014 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 12/04/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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 Spine Surgery, and is licensed to practice in New York. 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 patient is a female who had right L4-5 discectomy in July 2014. Postoperative physical exam shows EHL strength has improved. At issue is whether postoperative physical therapy 2 times a week for 12 weeks is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative lumbar Physical Therapy two times a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS guidelines recommend 16 postoperative visits for lumbar discectomy surgery. This patient is now 4 months out from surgery with no documentation of how many previous physical therapy the patient has had. There is no documentation of indications why the patient can't be transferred to a home PT program. There is no documentation of significant functional improvement with previous physical therapy. There also no documentation of significant functional deficits is at this time. Criteria for additional physical therapy are not met.