

Case Number:	CM15-0005599		
Date Assigned:	01/21/2015	Date of Injury:	06/21/2009
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: Minnesota, Florida
 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 06/21/2009. On provider visit dated 12/12/2014 the injured worker has reported mid back pain that radiates right buttocks and hip. On examination of lumbar spine and lower extremities there was a post-operative scar over the lumbar spine, tenderness was noted over right sacroiliac joint and right sciatic notch and a decreased range of motion and positive straight leg raise causing buttocks pain. The diagnoses have included status post L4-S1 posterior spinal instrumentation and fusion, status post removal of spinal cord stimulator, L4-S1 pseudarthrosis, regional pain syndrome right lower extremity, failed back syndrome. Recommendation were right sacroiliac joint fusion, pneumatic intermittent compression device, post-operative physiotherapy three time a week for six weeks and pre-operative medical clearance and chest x-ray. No evidence of prior physical therapy was submitted for this review. On 12/24/2014 Utilization Review non-certified post-operative physical therapy 3x wk. for 6 wks. The reason was non-certification of the requested surgery. Documentation does not indicate certification of the Right Sacroiliac Fusion although the Post-operative physical therapy is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative PT 3x wk for 6 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS postsurgical treatment guidelines indicate 22 visits over 3 months for an arthrodesis. The postsurgical physical medicine treatment period is 6 months. The initial course of therapy is 11 visits. Then with documentation of objective functional improvement a subsequent course of therapy of 11 visits may be prescribed. The requested 18 visits exceeds the initial course of therapy and as such, the medical necessity of the request is not established.