

Case Number:	CM15-0180806		
Date Assigned:	09/22/2015	Date of Injury:	12/27/2013
Decision Date:	10/26/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38 year old female who sustained an industrial injury December 27, 2013. On August 24, 2015, a physical therapist documented the injured worker had completed 6 session of physical therapy. She was advised to work on her home exercise program and to progress strengthening exercises as tolerated. According to an orthopedic physician's re-evaluation dated August 26, 2015, the injured worker presented 6 months status post microdiscectomy. She reports her low back pain continues to improve to 2-3 out of 10 with the physical therapy regimen, but she does have left IT (iliotibial) band and left hip pain up to 7 out of 10. Physical examination revealed; negative straight leg raise bilaterally; mild left greater than right paraspinal tenderness and mild left sacroiliac-sciatic notch tenderness; sensation is intact in the bilateral lower extremities. Diagnosis is documented as status post laminectomy. At issue, is the request for authorization dated August 31, 2015 for physical therapy 3 x 4 weeks. According to utilization review dated September 9, 2015, the request for Physical Therapy 3 x 4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in December 2013 and underwent a lumbar microdiscectomy in February 2015. As of 05/27/15 she had completed 24 postoperative therapy treatments. 08/24/15 she had completed another six treatment sessions and was performing a home exercise program. When seen, her back pain was improving. Physical examination findings included decreased lumbar spine range of motion with negative straight leg raising. There was mild paraspinal and left sciatic notch and sacroiliac tenderness. She had left iliotibial band tightness and was having hip pain. Authorization was requested for an additional 12 therapy sessions. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy in excess of that recommended after this surgery including a home exercise program. There is no new injury to the claimant's left hip. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.