

Case Number:	CM15-0184106		
Date Assigned:	09/24/2015	Date of Injury:	07/15/2000
Decision Date:	11/06/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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: California

Certification(s)/Specialty: Family Practice

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 7-15-2000. The injured worker was diagnosed as having lumbar spinal stenosis; cervical spine pain (non-industrial); right lumbar radiculopathy; knee pain; L3-4 stenosis moderate. Treatment to date has included physical therapy; back brace; medications. Diagnostics studies included MRI lumbar spine (3-14-15). Currently, the PR-2 notes dated 7-29-15 indicated the injured worker complains of low back pain and walking tolerance. The provider notes the injured worker is a status post lumbar laminectomy at L3-4 on 7-17-15. The provider documents the injured worker is in the office for a follow-up evaluation and "is doing fantastic. All his leg pain has resolved. He did have an issue with constipation however, that has resolved quickly. He has no headaches and is doing quite well." The provider continues his documentation with a physical examination: "His wound is clean, dry and intact with no signs of infection and no swelling. Motor strength is 5 out of 5 quadriceps, tibialis anterior, and extensor hallucis longus. The numbness in his legs has improved." The provider notes that he will see him again in three weeks for follow-up and "he may start physical therapy at that time". A Request for Authorization is dated 9-15-15. A Utilization Review letter is dated 8-31-15 and modified the certification for 10 physical therapy sessions to authorize 8 physical therapy sessions only. Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines. A request for authorization has been received for 10 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The MTUS post surgical guidelines allow for 16 sessions of physical therapy post lumbar laminectomy. The guidelines recommend an initial half of the recommended amount to determine efficacy. In this case, the medical records note that Utilization Review has allow for modification to allow an initial 8 sessions which would be consistent with the MTUS guidelines. The request for 10 physical therapy sessions is not medically necessary and appropriate.