

Case Number:	CM15-0189273		
Date Assigned:	10/01/2015	Date of Injury:	01/14/2013
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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 40 year old male, who sustained an industrial injury on 1-14-2013. The injured worker is undergoing treatment for: low back and right hip pain. On 6-26-15, he reported his low back pain to be improving with therapy. He also reported right leg weakness and pain shooting into the right leg. He is reported to have "significant limitation on motion of his lumbar spine and significantly poor stamina". On 8-14-15, he reported low back and right hip pain with right foot numbness and tingling and right leg pain. Physical findings revealed a normal gait, healed lumbar spine surgical scar, decreased lumbar range of motion and positive straight leg raise testing. The records do not discuss his current functional status or indicate how he has improved with the already completed therapy. The treatment and diagnostic testing to date has included: QME (3-11-15), multiple physical therapy sessions, lumbar surgery (Marcy 2015), home exercise program, Medications have included: Ultram, Ambien, Zanaflex, Norco, and Keflex. Current work status: off work until 9-25-15. The request for authorization is for: physical therapy 2 times a week for 4 weeks. The UR dated 9-10-2015: non-certified the request for physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times weekly for 4 weeks, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in January 2013 while working as a chef and underwent a right L4/5 hemilaminotomy and microdiscectomy on 03/31/15. In May 2015 he was to start physical therapy and 12 sessions were requested. An additional 12 sessions were requested in June 2015. In August 2015, he remained symptomatic but was much better since surgery. Physical examination findings included decreased lumbar range of motion and low back pain with straight leg raising. A new lumbar MRI and authorization for 8 additional physical therapy treatments for lumbar range of motion were requested. Case notes reference completion of 33 physical therapy treatments as of 08/10/15. 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. 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.