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| Case Number: | CM15-0021571 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 07/31/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 01/05/2015 |
| Priority: | Standard | Application Received: | 02/04/2015 |

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

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 64-year-old female who reported injury on 07/31/2007. The mechanism of injury was not provided. The medications included tramadol. The injured worker was noted to undergo fusion surgery on 04/30/2013 and in 01/2010. The injured worker underwent a foraminotomy, posterior fusion and instrumentation from L3 through S1 on 01/15/2014. The injured worker underwent x-rays of the lumbar spine on 12/18/2014 which revealed a solid interbody fusion at L4-5 and a posterolateral fusion at L5-S1 with perfect placement of the posterior construct. The documentation indicated the treatment was requested for trunk strengthening and flexibility. The documentation of 12/18/2014 revealed the injured worker's condition was unchanged. The injured worker's water aerobics or physical therapy were not authorized. The injured worker was noted to be utilizing tramadol 50 mg several times a week. The lumbar flexibility was normal. The nerve stretch tests were negative. There was mild tenderness over the operative site. The deep tendon reflexes were absent at the ankles and knees. The lower extremity examination revealed motor strength at 5/5. The treatment plan included physical therapy. The diagnosis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for up to 10 sessions for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. There was a lack of documentation of objective functional deficits to support the necessity for continued therapy. The physician documented the injured worker needed physical therapy for trunk strengthening and flexibility. However, the documentation indicated the flexibility was normal and the nerve stretch tests were negative. The motor strength was 5/5. This would not support the necessity for physical therapy. Given the above, the request for physical therapy 2 times a week for 6 weeks for the low back is not medically necessary.