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| Case Number: | CM15-0029646 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 12/28/2012 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/20/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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: 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:

This 59 year old male sustained an industrial injury on 12/28/12. He subsequently reports continued low back pain. Diagnoses include lumbar spinal stenosis and spondylolisthesis. The injured worker has undergone spinal surgery. Treatments to date have included physical therapy and prescription pain medications. On 1/20/15, Utilization Review non-certified a request to continue post-op physical therapy 2 times a week for 4 weeks for the lumbar spine. The request to continue post-op physical therapy 2 times a week for 4 weeks for the lumbar spine was denied based on MTUS Postsurgical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue post-op physical therapy 2 times a week for 4 weeks for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: This patient is status post l3-4 and L4-5 decompressive laminectomy on 9/16/14. The current request is for the patient to CONTINUE POST OP PHYSICAL THERAPY

2 TIMES A WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE. The MTUS post surgical guidelines pages 25, 26 recommends for Intervertebral disc disorders without myelopathy, Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 6 months Progress report dated 9/29/14 states "he may start post operative PT." Progress report dated 1/5/15 states that the patient has been participating in physical therapy and making gains, but still has remaining goals to achieve. The medical file does not include any physical therapy progress notes. The Utilization review denied the request stating that the patient has had 20 post op PT and a home exercise program should now be in place. This patient has completed 20 post op PT and the treating physician does not discuss why the patient would not be able to transition into a self direct home exercise program. Furthermore, the requested 8 additional sessions with the 20 already received, exceeds what is recommended by MTUS. This request IS NOT medically necessary.