

Case Number:	CM15-0035547		
Date Assigned:	03/04/2015	Date of Injury:	11/17/2012
Decision Date:	04/22/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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: California
 Certification(s)/Specialty: Internal Medicine

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 43-year-old male who sustained an industrial related injury on 11/17/12 due to lifting 100-pound wood columns. The injured worker had complaints of back pain with numbness in the legs. The diagnosis was lumbar spine sprain/strain. Physical examination findings included slight weakness in left dorsiflexion and no apparent sensory deficits. Treatment included lumbar transforaminal discectomy and fusion at L4-S1 on 8/12/14. The treating physician requested authorization for post-operative physical therapy 2x6 for the lumbar spine. On 1/29/15, the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker was doing well after his fusion procedure and current examination findings were unremarkable and unrevealing. The request was modified to a quantity of 8 to work on residual goals and transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy 2 times a week for 6 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface - Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines indicates that for low back fusion surgery, 34 visits of postsurgical physical therapy over 16 weeks are recommended. The postsurgical physical medicine treatment period is 6 months. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The neurosurgical consultation report dated September 11, 2014 documented that transforaminal discectomy and fusion at L4-S1 was performed on 8/12/14. Eighteen physical therapy sessions were certified on 10/8/14. Twelve additional visits of PT physical therapy were requested on 1/27/15. No recent progress reports were present in the submitted medical records. The latest progress report was the neurosurgical consultation report dated September 11, 2014. No recent progress reports were submitted that would support the 1/27/15 request for additional PT physical therapy visits. Without recent progress reports, the request for 12 additional PT physical therapy is not supported. Therefore, the request for additional physical therapy visits is not medically necessary.