

Case Number:	CM15-0050847		
Date Assigned:	03/24/2015	Date of Injury:	02/20/1973
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 male who sustained an industrial injury on 2/20/73. He reported multiple industrially-related events, including being hit by a motor vehicle while standing next to a car. He underwent L1-L5 laminectomy and foraminotomy, partial corpectomy L4-S1, and posterior lumbar interbody fusion and posterior segmental instrumentation at L4/5 and L5/S1 on 8/1/14. Records documented that the injured worker attended 40 post-operative physical therapy sessions. The 2/9/15 treating physician report indicated that the injured worker was doing well overall. Physical therapy and home exercise were helping. He still had a foot drop and was wearing the AFOs. He had severe peripheral neuropathy, but that had drastically improved with surgery. He had trouble sleeping, stiffness at night, and some pain issues in the morning. Physical exam documented pain with extension and rotation, and no focal deficits. Bilateral tibialis anterior strength was 2/5 which had not changed following surgery, but his function had improved significantly. His quadricepses were stronger with a more upright gait, improved cadence, and stride length from previous exam. The diagnosis was lumbar disc degeneration, and facet arthropathy, status post fusion. X-rays showed good consolidation of the fusion mass and good hardware position. Additional physical therapy was requested two times per week for 4 weeks for stabilization and tibialis anterior strengthening, and to increase stamina. The injured worker was capable of regular duty. The 3/6/15 utilization review non-certified the request for additional lumbar spine physical therapy as the patient had exceeded the recommended general course of treatment and was beyond the 6-month post period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient underwent lumbar decompression and fusion surgery on 8/1/14. He attended 40 post-op physical therapy visits, which is beyond the recommended general course of 34 visits. There is demonstrated functional improvement in lower extremity strength, improved gait, and return to work. There is residual tibialis anterior weakness and foot drop that has not changed in the post-operative period. A home exercise program is documented. There is no compelling reason at this time to support the medical necessity of additional physical therapy over an independent home exercise program to achieve additional rehabilitation goals. Therefore, this request is not medically necessary.