

Case Number:	CM15-0054497		
Date Assigned:	03/27/2015	Date of Injury:	05/10/2008
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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, 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 36 year old female with an industrial injury dated May 10, 2008. The injured worker diagnoses include herniated nucleus pulposus L2-L5, extraforaminal nerve root impingement at right L4-L5, lumbar degenerative disc disease and lumbar stenosis status post lumbar laminectomy L2 to L5. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/25/2015, the injured worker presented for follow visit status post lumbar laminectomy L2 to L5 on 2/12/2015. Physical exam revealed diffuse weakness in the L3, L4, and L5 dermatomes on the right side. The treating provider reported that she was able to walk and bear weight more during visit. The treating physician prescribed services for home physical therapy for the lumbar spine. Notes indicate that the patient does not have a caregiver to assist her at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Physical Therapy 3xwk X 2wks Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Regarding the request for physical therapy, Post Surgical Treatment Guidelines recommend 16 visits of physical therapy following surgery for lumbar discectomy/laminectomy, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it appears the patient does have some functional deficits including an abnormal gait and weakness in the lower extremity. Six visits, as appears to be requested here, is a reasonable trial and in accordance with guidelines. Additionally, notes indicate that the patient does not have a caregiver to assist her at home. With the right lower extremity weakness, driving may be unsafe. Therefore, the currently requested home physical therapy is medically necessary.