

Case Number:	CM14-0008556		
Date Assigned:	02/12/2014	Date of Injury:	07/22/2011
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old male with a date of injury of 7/22/11. The patient underwent a lumbar 2 level decompressions and fusion on 12/6/12. It is difficult to tell from the records, but it appears that post operative physical therapy (PT) was very limited with the initial request from the operating surgeon on 10/07/13 for 24 visits (3X's/wk for 8 wks.) There is no evidence that this was accomplished and the PT evaluation on 10/28/13 states that no PT was accomplished previously. The 12/19/13 PT evaluation states that 3 visits had been completed. No other post operative PT is documented in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TIMES SIX (6) VISITS FOR LOW BACK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98-99.

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

Decision rationale: The prior utilization review (UR) stated that there had been eight (8) session of therapy completed and little advancement was a result. The reviewer used MTUS chronic pain guidelines instead of the Post-Surgical Treatment Guidelines to support the denial of an

additional 6 sessions. Even though this is beyond six (6) months post the surgery it does not appear that the patient has utilized the full amount of the allowed physical therapy (PT), which was initiated some time after the surgery. According to the MTUS Post-Surgical Treatment Guidelines, PT is allowed for up to 34 visits post-op fusion. Given that the patient has not utilized the maximal amount of PT allowed by the guidelines, the request is certified.