

Case Number:	CM14-0117252		
Date Assigned:	08/06/2014	Date of Injury:	02/16/2000
Decision Date:	10/06/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old individual was reportedly injured on February 16, 2000. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 28, 2014, indicated that there were ongoing complaints of low back pain and neck pain. The physical examination demonstrated a full but slow steady gait. A decrease in lumbar spine range of motion was noted and no spasm was present. The surgical wounds were noted to be well healed. There were no signs of infection. Diagnostic imaging studies objectified early consolidation of fusion mass after the procedure was completed. Previous treatment included lumbar fusion surgery (2013). A request had been made for additional physical therapy and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: When noting the date of surgery, the surgery completed, the metaphysical therapy completed (24 visits) and the relative lack of any efficacy in terms of increasing functionality, there is insufficient clinical data presented to support an additional 24 sessions of postoperative physical therapy. The medical necessity simply was not established.