

<b>Case Number:</b>	CM14-0118114		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old female with a work injury dated 2/10/09. Under consideration is a request for physical therapy 2 x week x 4 weeks lumbar spine QTY 8. The diagnoses includes status post lumbar fusion at L4-S1 on 08/14/2013; displacement of intervertebral disc, site unspecified, without myelopathy; thoracic spondylosis without myelopathy; thoracic or lumbosacral neuritis or radiculitis. There is a physical therapy report dated 6/3/14 that states the patient is progressing in lumbar active range of motion. The range of motion changed from 50 degrees on 04/03/2014 to 60 degrees on 06/03/2014; increase from 25 degrees on 04/03/2014 to 35 degrees in right rotation on 06/03/2014; increase from 15 degrees on 04/03/2014 to 25 degrees in left rotation on 06/03/2014. Per documentation the patient has had 40 total physical therapy visits for the low back with 28 of them being postoperative visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x week x 4 weeks Lumbar Spine QTY 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 34.

**Decision rationale:** The guidelines recommend up to 34 visits for this condition. The documentation indicates that the patient has had 28 post operative visits. An additional 8 would exceed guideline recommendations. There are no extenuating factors as to why additional therapy is medically necessary. The patient should be well versed in a home exercise program at this point. As such, the request is not medically necessary.