

Case Number:	CM14-0147303		
Date Assigned:	09/15/2014	Date of Injury:	03/30/2001
Decision Date:	10/15/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/10/2014

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 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 52-year-old female who has submitted a claim for lumbar radiculopathy, lumbar degenerative disc disease and post lumbar laminectomy syndrome associated with an industrial injury date of March 30, 2001. Medical records from 2002 through 2014 were reviewed, which showed that the patient complained of chronic low back pain with radiation into the bilateral legs. Examination revealed tenderness, spasm and hypertonicity of the lumbar paravertebral muscles, positive bilateral lumbar facet loading, decreased motor strength of the left lower extremity, decreased sensation over the right L4 and L5 dermatomes and decreased left ankle reflex. Treatment to date has included spinal surgery (7/25/2014), medications, injections, chiropractic treatment and physical therapy. Utilization review from August 9, 2014 denied the request for 12 Physical therapy sessions because there was no documentation provided stating the total number of initial sessions the patient attended and quantified measures of improved function as compared to baseline measures.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS Post-Surgical Treatment Guidelines recommend physical therapy of up to 20 sessions over 12 weeks following disc herniation surgery. In this case, the patient recently underwent spinal surgery (7/25/2014). The patient is still within the 12-week period recommended for physical therapy. Several requests for physical therapy are found in the patient's records dated following the operation. However, many of these requests were denied quoting the lack of records for the initial therapy visits. In this review, it is unclear whether the patient had initial therapy visits. There was no effort to indicate absence of prior visits in the succeeding progress notes following the several denials of prior requests. There was also no record to indicate patient response to prior therapy. Without adequate information, it is difficult to establish the necessity of physical therapy. Moreover, the target body part was also not mentioned. Therefore, the request for 12 Physical therapy sessions is not medically necessary.