

Case Number:	CM14-0162118		
Date Assigned:	10/07/2014	Date of Injury:	10/25/2013
Decision Date:	11/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/02/2014

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 Pain 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:

This is a patient with a date of injury of October 25, 2013. A utilization review determination dated September 26, 2014 recommends noncertification of postoperative physical therapy. Noncertification was recommended since the patient had only completed 5 out of the 12 authorized therapy sessions. Additionally, the number requested exceeds the total number recommended by guidelines for this patient's condition. A therapy report dated September 18, 2014 indicates that the patient has completed 5 therapy sessions and is now able to sleep for 2 hours at a time as opposed to 30 minutes, sit in a recliner for less time during the day, and is able to do more at home. The recommendation is to continue physical therapy. An operative report dated August 5, 2014 indicates that the patient underwent a hemilaminotomy and microdiscectomy at L4-5 and L5-S1. A progress report dated September 15, 2014 states that the patient is frustrated and feels that she should be further along in her recovery. The note states that physical therapy has commenced but was only authorized for 5 sessions. Physical examination findings reveal positive straight leg raise, diminished sensation in the right L5 and S1 dermatomes, and discomfort with a rising from a chair. Diagnoses include status post right L4 and L5 hemilaminotomies and morbid obesity. The treatment plan recommends 12 additional physical therapy sessions and starting gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phase 2 Post OP PT 2-3x4 RX: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 16 visits over 8 weeks following discectomy/laminectomy. Within the documentation available for review, it appears the patient has undergone 5 therapy sessions thus far. There is documentation of objective functional improvement as a result of the therapy already provided as well as ongoing objective treatment goals. The current request for therapy is for 8-12 sessions. Although 12 sessions when added to the 5 already provided would surpass the maximum number recommended by guidelines for this patient's diagnoses, it does appear that the medical necessity for ongoing therapy has been met. There is no provision to modify the current request. However, since the current request is for 8-12 visits, and 8-11 visits would fall within guideline recommendations, the currently requested post operative physical therapy 2-3X4 is medically necessary.