

<b>Case Number:</b>	CM14-0090344		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/26/2011
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 27 year old female who sustained a work related injury on 8-26-11. The claimant is status post lumbar fusion at L4-L5 and L5-S1 (December 2013). This claimant has completed 12 sessions of physical therapy. Physical therapy note dated 4-17-14 notes the claimant had decreased range of motion. The claimant had pain rated as 5/10. Her strength was 4/5 at bilateral lower extremities. The claimant was progressing well with aquatic therapy and land therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2xwk x 6wks lumbar:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guideline: Low Back.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter - physical therapy.

**Decision rationale:** Post-Surgical Treatment Guidelines Lumbar fusion as well as ODG reflects that physical therapy is recommended at 34 visits over 16 weeks. Medical Records reflect this claimant had a fusion in December 2013 and began her postop physical therapy in March 2014.

She has had 12 sessions and had some strength deficits and decreased range of motion. Based on current treatment guidelines, the request for Physical therapy 2xwk x 6wks lumbar is appropriate and follows current treatment guidelines to allow the claimant to complete physical therapy per current recommendations and to increase her functional deficits. Therefore the request is medically necessary.