

Case Number:	CM14-0093176		
Date Assigned:	07/25/2014	Date of Injury:	03/17/2009
Decision Date:	10/14/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/19/2014

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 Orthopedic Surgery 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 claimant is a 57-year-old gentleman who was injured in work-related accident on 03/17/09. The medical records provided for review document that the claimant had symptoms related to lumbar etiology and in June 2009, he underwent an L3-S1 interbody fusion. The medical records do not document that the claimant has had any additional surgery. The medical records do indicate that the claimant had a significant course of physical therapy in February and March 2014. The last progress report for review was dated 03/04/14, handwritten, and did not include any physical examination findings. The report documents that the claimant is to continue with eight additional sessions of physical therapy for core strengthening and reconditioning. The medical records did not include any imaging reports or documentation of other methods of conservative treatment provided for the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4-Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Recommended as indicated below. Passive therapy (those treatment modalities that do not require.

Decision rationale: Based on California MTUS Chronic Pain Guidelines the request for eight additional physical therapy sessions for the lumbar spine cannot be recommended as medically necessary. The medical records provided for review do not include any physical examination findings or clinical indication as to why further physical therapy would be necessary. The claimant is over five years following the time of surgery and has recently undergone a formal course of physical therapy. The Chronic Pain Guidelines recommend the use of physical therapy for a flare in acute symptoms. There is no documentation in the records that indicates the claimant is having an acute symptoms flare to require additional physical therapy. There is no documentation to explain why transition to an aggressive home exercise program to work on core exercises and reconditioning would not be more appropriate. Therefore, the request for additional physical therapy is not supported.