

Case Number:	CM14-0180363		
Date Assigned:	11/05/2014	Date of Injury:	02/03/2011
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational 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:

The clinical notes indicate that the requesting physician has requested approval for left L5-S1 decompression, which remains non-approved. The utilization review explains that the request for postsurgical physical therapy is not approved because the surgery is not approved. Although the Postsurgical Treatment Guidelines recommend 16 visits of therapy over 8 weeks for discectomy/laminectomy, this surgery was deemed not medically necessary and not approved. Therefore, the medical necessity for this request has not been established. The request for 12 post-operative physical therapy visits is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Post Operative Physical therapy visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The clinical notes indicate that the requesting physician has requested approval for left L5-S1 decompression, which remains non-approved. The utilization review explains that the request for postsurgical physical therapy is not approved because the surgery is not approved. Although the Postsurgical Treatment Guidelines recommend 16 visits of therapy

over 8 weeks for discectomy/laminectomy, this surgery was deemed not medically necessary and not approved. Therefore, the medical necessity for this request has not been established. The request for 12 post-operative physical therapy visits is not medically necessary.