MAXIMUS Federal Services

Case Number:	CM14-0216931		
Date Assigned:	01/06/2015	Date of Injury:	10/20/2012
Decision Date:	03/03/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Family Practice

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 54 year old male who sustained a work related back injury in October 20, 2012 while working as a groundsman. The mechanism of injury was not provided. A physicians report dated December 4, 2014 notes that the injured worker underwent a multi-level laminectomy on May 21, 2014. The injured worker reported that his pre-operative leg complaints were gone. He was noted to have soreness in his back and found it difficult to lift or carry more than twenty pounds. Physical examination of the back and lower extremities revealed the injured worker walked without a limp, list or pelvic obliquity. Toe and heel walking was intact. Range of motion was complete in all planes. Neurologic examination of the lower extremities was normal. Palpation of the paraspinal musculature revealed no localized tenderness or spasm. Diagnoses include status post multilevel decompressive laminectomy from lumbar two to lumbar five levels. Since the time of surgery the injured worker attended a post-operative therapy program from August 6, 2014 through December 4, 2014. The documentation notes that the injured worker did very well following surgery and the treatment plan was to discontinue his post-operative physical therapy and transition to an independent exercise program at this time. Work status was for the injured worker to return to work with restrictions. The injured worker had not returned to work due to the restrictions. The injured worker had reached maximum medical improvement regarding the industrial injury as of December 4, 2014. The treating physician requested physical therapy to the lower back post-operatively two times a week for four weeks # 8. Utilization Review evaluated and denied the request on December 18, 2014. Utilization Review rationale was not provided with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, two times a week for four weeks, lower back qty: 8: 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 Page(s): 26.

Decision rationale: Per the MTUS Post Surgical Treatment Guidelines, for discectomy/laminectomy. 16 visits over 8 weeks of post-operative physical therapy is recommended and postsurgical physical medicine treatment period is 6 months. In this case, the injured worker is noted to be status post multi-level laminectomy on May 21, 2014. He has attended post operative physical therapy from August 6, 2014 through December 4, 2014. He has been transitioned to a home exercise program and physical examination has revealed normal range of motion and intact neurological status. In the absence of re-injury or exacerbation, the request for additional post-operative treatments two times a week for four weeks is not medically necessary.