

Case Number:	CM15-0010106		
Date Assigned:	01/27/2015	Date of Injury:	06/23/2011
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 27 year old male with an industrial injury dated June 23, 2011. The injured worker was diagnosed with status post lumbar decompression and fusion on September 17, 2014. He has been treated with radiographic imaging, diagnostic studies, prescribed medications, consultation, and periodic follow up visits. According to the progress note dated 11/5/14, the injured worker presented for six week evaluation following lumbar decompression and fusion. Physical exam revealed normal lordosis, healed wound; no tenderness to palpitation over the spinous process, normal range of motion and his sensation was intact. The treating physician prescribed services for post op physical therapy 2 x 6 lumbar spine. Utilization Review (UR) determination on December 17, 2014 denied the request for post op physical therapy 2 x 6 lumbar spine citing MTUS, ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 2 x 6 Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 and 11.

Decision rationale: Post Op Physical Therapy 2 x 6 Lumbar Spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 34 post surgical visits of therapy for a lumbar fusion. Per documentation the patient was authorized 16 visits. The MTUS Postsurgical guidelines state that with documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. Without evidence of outcome of the initial authorized 16 visits with documentation of objective functional improvement the request for additional therapy cannot be certified.