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| Case Number: | CM15-0118735 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 04/06/2007 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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: California

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

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 61-year-old female with an industrial injury dated 04/06/2007. The injured worker's diagnoses include status post C5-6 anterior discectomy and fusion dated 09/06/1994, with aggravation from industrial injury on 04/06/2007 with left radiculopathy, myoligamentous strain of the thoracic spine, myoligamentous strain of the lumbar spine with radicular symptoms of the left lower extremity, status post posterolateral interbody fusion at L2-S1 on 01/08/2014, status post revision of the posterior spinal instrumentation from L2-S1 and revision laminectomy left L2-S1 on 01/16/2014. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, and periodic follow up visits. According to the most recent progress note dated 02/11/2015, the injured worker reported constant low back pain, diminished neck pain since prior recent surgery, occasional numbness of bilateral upper extremity, pain and numbness of left lower extremity and improvement of left foot drop. Objective findings revealed antalgic gait, left foot drop, weakness of the left extensor hallucis longus, left toe flexors and left knee to flexion and extension. Patchy hypoesthesia over the left foot and areflexia of the bilateral lower extremities were also noted on exam. The treating physician prescribed services for six sessions of physical therapy for the left lower extremity, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lower Left Extremity, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.