

Case Number:	CM15-0129088		
Date Assigned:	07/15/2015	Date of Injury:	11/20/2010
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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:

The injured worker is a 50-year-old male who sustained an industrial injury on 11/20/10. He reported back pain status post fall. Initial diagnoses are not available. Diagnostics and treatment to date has included radiographic imaging, L5-S1 fusion 08/2014, removal of symptomatic L5-S1 hardware and exploration of fusion mass 02/2015, pain management, and physical therapy. Current diagnoses include spinal stenosis of lumbar region, L4-S1 degenerative disc disease, chronic intractable pain, and left leg radiculopathy. In a progress note dated 06/08/15, the injured worker complains of lower back pain that radiates down the left lower extremity, rated as a 7 on a visual analog pain scale with medications. Physical examination is remarkable for a mild antalgic gait, and he is slow to go from sitting to standing. There is palpable tenderness of bilateral paravertebral muscles; range of motion is decreased. Plan of care includes continuation of postoperative physical therapy, and request for additional physical therapy 2 times a week for 3 weeks to be trained into a home exercise program. At the time of progress note 06/08/15, the injured worker is under temporary total disability. Date of Utilization Review: 06/22/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured worker is status post lumbar fusion with removal of hardware performed in February 2015. According to the MTUS guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A request has been submitted for physical therapy 2 times a week for 3 weeks to be trained into a home exercise program. The request for physical therapy is supported to educate the injured worker in an independent home exercise regimen to consist of stretching, strengthening and range of motion exercises. The request for Physical therapy 2 times a week for 3 weeks is medically necessary and appropriate.