

Case Number:	CM15-0053232		
Date Assigned:	03/26/2015	Date of Injury:	10/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/20/2015

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, North Carolina
 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 49-year-old male, who sustained an industrial injury on 10/21/2011. He has reported injury to the low back and right shoulder. The diagnoses have included lumbar disc disease; lumbar radiculopathy; cervical disc disease; cervical radiculopathy; and right shoulder impingement. Treatment to date has included medications, diagnostics, epidural injections, acupuncture, and physical therapy. A progress note from the treating physician, dated 12/03/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain radiating into both upper extremities; low back pain radiating to both lower extremities; and had minimal relief with prior conservative treatments including injections, acupuncture, and physical therapy. Objective findings included tenderness to palpation of the cervical paraspinal musculature; tenderness to palpation over the lumbar paraspinal musculature; and diminished sensation over the bilateral L5 dermatomes. The treatment plan has included diagnostic studies. Request is being made for post-operative physical therapy, twice a week for eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, twice a week for eight weeks: 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 request is for 16 sessions of physical therapy over eight weeks following a proposed L5-S1 laminectomy. The medical records document a CT scan of the LS spine, which showed multi-level disc protrusions at T12-L1 and L5-S1, mild bilateral neural foraminal narrowing at L5-S1 with a disc osteophyte complex and no effacement on the thecal sack. Base on the CT, this patient does not appear to be a surgical candidate; therefore, post-operative physical therapy is not medically necessary. An orthopedic consult indicated that MRIs of the cervical and lumbar spine were ordered, however these results do not appear in the records. MRI results are crucial in determining whether this patient is a surgical candidate. Base on the records reviewed, the request for physical therapy is not medically necessary.