

Case Number:	CM14-0119773		
Date Assigned:	08/06/2014	Date of Injury:	09/07/2012
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient with a date of injury of 9/7/12. A utilization review determination dated 7/10/14 recommends modification of PT from 24 sessions to 18 sessions. The patient was noted to have undergone a revision laminotomy at L4-5 and L5-S1 on the left with revision microdiscectomy and foraminotomy on 5/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 4 Times a Week for 6 Weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-11, 25-26.

Decision rationale: Regarding the request for physical therapy, CA MTUS states that up to 16 visits are supported after discectomy/laminectomy, with half that amount recommended initially. Within the documentation available for review, there is no clear rationale for 24 initial sessions after surgery rather than the amount supported by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

