

Case Number:	CM13-0015876		
Date Assigned:	03/12/2014	Date of Injury:	08/01/2007
Decision Date:	04/11/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient sustained an industrial injury. The date of the injury is listed as 9/06/2007. According to the 7/9/2013 report from [REDACTED], she presents with constant 9/10 neck pain and constant 8/10 low back pain and right hip pain. She states the pain is getting worse. She has been diagnosed with HNP and central stenosis and foraminal stenosis; bilateral upper extremity myeloradiculopathy at C3/4, C4/5 and C5/6 and C6/7; lumbar disc protrusion as at L1/2, L3/4, L4/5 and L5/S1. The treatment plan was for anterior cervical discectomy and fusion (ACDF) C3-C7. [REDACTED] recommended physical therapy (PT) 2-3x/week for 4-6 weeks prior to the surgery. However, I have been asked to review for "post preoperative PT cervical and lumbar spine x 36 visits".

IMR ISSUES, DECISIONS AND RATIONALES

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

POST PREOPERATIVE PHYSICAL THERAPY CERVICAL AND LUMBER SPINE-36 VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient presents with neck pain and is anticipating ACDF at C3-C7. The physician requested 36 postsurgical PT sessions. MTUS postsurgical guidelines for the cervical fusion is 24 sessions, and the initial course of care is 12 sessions. The request for initial 36 sessions of post-operative PT exceeds the MTUS recommendations.