

Case Number:	CM13-0018913		
Date Assigned:	03/12/2014	Date of Injury:	05/09/2007
Decision Date:	04/14/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

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 Internal Medicine and is licensed to practice in New York. 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:

The patient is a 51-year-old female with a date of injury on 05/09/2007. She sustained a neck injury. In 08/2012, she had an anterior cervical fusion of C4-C7. She had post-operative physical therapy. On 05/31/2013, x-rays revealed good fusion of the cervical spine. On 06/14/2013, she Final Determination Letter for IMR Case Number [REDACTED] had neck pain radiating to her left shoulder and left upper extremity. Left hand grip is decreased. Cervical range of motion is decreased to 50% of normal. She had tenderness of the cervical paraspinal muscles. There is no documentation of any recent cervical injury. She continues to have neck pain despite medications (Percocet).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONE (1) TIME A WEEK FOR SIX (6) WEEKS FOR THE CERVICAL SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG- NECK AND UPPER BACK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, Page(s): 98-99.

Decision rationale: Her neck surgery was in 08/2012. Although there is no documentation of the total number of physical therapy visits for the cervical spine this patient previously had, nor documentation of any physical therapy visits in 2013; she continues to have cervical pain with cervical radiculopathy despite treatment with opiates. She has chronic pain. MTUS chronic pain for neuritis, radiculopathy allows for a maximum of 8 to 10 physical therapy visits over a 4-week period. The request for the six physical therapy visits is consistent with MTUS guidelines; therefore, the request is certified.