

Case Number:	CM13-0021530		
Date Assigned:	12/11/2013	Date of Injury:	11/26/2012
Decision Date:	01/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases 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 physician 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. 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 61-year-old male who reported an injury on 11/26/2012. The patient is currently diagnosed with herniated nucleus pulposus at C5-6 and C6-7 with myeloradiculopathy, status post ACDF at C5-7 on 05/02/2013, and memory/vision issues. The patient was recently seen by [REDACTED] on 12/16/2013. The patient reported 5-6/10 pain. The patient had completed a course of physical therapy. Physical examination revealed normal reflex, sensory and power testing to bilateral upper and lower extremities, with the exception of hyperreflexia in bilateral upper and lower extremities, normal gait, minimal cervical tenderness, 25% decreased cervical range of motion, and negative Spurling's and Lhermitte's testing. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy (PT) cervical x 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient underwent ACDF of C5-7 on 05/02/2013. The patient is no longer within the postoperative physical medicine treatment period. The patient's latest physical examination only revealed minimal cervical tenderness and 25% loss of cervical spine range of motion. The patient has completed an extensive amount of postoperative physical therapy to date. Documentation of a significant musculoskeletal or neurological deficit that would require ongoing skilled physical medicine treatment as opposed to a home exercise program was not provided. Based on the clinical information received, the request is non-certified.