

Case Number:	CM13-0022532		
Date Assigned:	11/13/2013	Date of Injury:	12/08/2010
Decision Date:	02/03/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/10/2013

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 Orthopedic Surgery 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.

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 57-year-old male who reported a work-related injury on 12/08/2010; the specific mechanism of injury was not stated. The patient is status post an anterior cervical discectomy and fusion (ACDF) at C6-7 as of 02/12/2013. Physical therapy progress report dated 06/13/2013 documents the patient had continued to receive treatment two times per week and presents with greater neck range of motion in all planes. The patient reports minimal difficulty with overhead activities and is able to perform most activities of daily living without experiencing severe increases in his pain levels. The patient's treatment continued to consist of progression in a strengthening and stretching program with emphasis on neck and shoulder stability. Appeal letter dated 08/13/2013 by the patient's primary provider documents the patient is approximately 6 months out from his ACDF at C6-7. The patient reported continued complaints of mild posterior neck pain which occasionally extends down the mid thoracic region. The provider documented the patient had completed 24 sessions of post-operative physical therapy. The provider requested 4 more sessions of physical therapy to help formulate a home exercise plan and learn proper body mechanics for potential return to work. A clinical note dated 10/03/2013 indicates the patient returned to work and was seen in clinic under the care of requesting provider. The provider documents the patient has some weakness on the left side in the wrist extensor at 4/5 in strength. The provider also documents the patient currently presents with C5-6 spondylolisthesis adjacent level degeneration with correlating physical exam, cervical radiculopathy, and weakness. The provider recommended an updated MRI of the patient's cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physical Therapy, 2 x per week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postop Physical Therapy Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The clinical documentation submitted for review reports the patient presents status postoperative to a 1 level anterior cervical discectomy and fusion performed in 02/2013, following a work-related injury sustained in 12/2010. The clinical notes documented the patient had attended 24 sessions of postoperative physical therapy. California MTUS supports 24 visits of physical therapy over 16 weeks. The provider is documenting the patient's current clinical picture reveals the patient is suffering from a C5-6 spondylolisthesis with adjacent level degeneration. As the patient is status post operative procedures to the cervical spine of almost a year's time and presents as a possible surgical candidate for more operative interventions to the cervical spine, the current request is not supported. In addition, it is unclear if the patient did in fact attend further postoperative physical therapy interventions. Given all of the above, the request for Post-operative Physical Therapy, 2 x per week for 4 weeks for the cervical spine is not medically necessary or appropriate.