

Case Number:	CM13-0023518		
Date Assigned:	11/15/2013	Date of Injury:	01/11/2012
Decision Date:	01/10/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and 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 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.

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 53 YO male that experienced a work related injury on 01/11/2012. According to [REDACTED], patient's diagnosis is cervical disc displacement, cervical stenosis and cervical radiculopathy. Patient is status post anterior cervical discectomy and fusion with arthroplasty, complete discectomy, bilateral foraminotomy C4-5, C6, partial decompression C4-7, and neurolysis of adhesion bilaterally with a 03/19/2013 date of surgery. [REDACTED] progress report dated 08/05/2013 noted patient has been doing some post operative physical therapy with some subjective improvement, but the objective findings show no interval changes on examination. The progress report also mentions that the anterior incision is healing well, no erythema, drainage or dehiscence, 5/5 strength bilaterally, and sensation intact C4-T2 bilaterally. Cervical spine x-ray continues to show intact hardware and graft, with no sign of loosening. [REDACTED] request is for PT 2X for 6 weeks. UR dated 08/16/2013 indicates patient has completed 18 post op physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Patient is status post anterior cervical discectomy and fusion with arthroplasty, complete discectomy, bilateral foraminotomy C4-5, C6, partial decompression C4-7, and neurolysis of adhesion bilaterally from a surgery on 03/19/2013. Progress report dated 08/05/2013 by [REDACTED] noted patient has had post operative physical therapy with some subjective improvements. Cervical spine x-rays obtained continues to show intact hardware and graft with no sign of loosening. According to documentation, patient has completed 18 post op physical therapy to date. The current request from 8/5/13 for physical therapy is within the 6 month time frame for post-op therapy. However, the request is not supported by MTUS postsurgical treatment guidelines for Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8), which indicates that 16 PT visits over 8 weeks are allowed relating to postsurgical treatment of discectomy/laminectomy over a 6 month postsurgical period. It appears that the patient has already exceeded the 16 PT visits allowed for the diagnosis. Although independent home exercises are not discussed by the requesting treater, patient should now be able to participate in a self directed home exercise program learned through the prior 15 outpatient therapy sessions. The treater does not provide any extenuating circumstances that would require more therapy than what is allowed by MTUS. Request for additional PT 2 times a week for 6 weeks is denied.