

Case Number:	CM13-0027063		
Date Assigned:	11/22/2013	Date of Injury:	09/12/2012
Decision Date:	01/29/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/20/2013

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, 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 29-year-old with a date of injury of 9/12/12 to the shoulder and cervical spine. Patient was status-post shoulder surgery on 9/23/13. Patient had two cervical epidural injections with significant reduction of pain. Cervical exam showed full range of motion with tenderness. Diagnosis: cervical disc protrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of post-operative physiotherapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Updated Edition, Physical Therapy Section.

Decision rationale: The Physician Reviewer's decision rationale: According to the Official Disability Guidelines, only two visits are recommended for post-cervical injection therapy. According to the Chronic Pain Medical Treatment Guidelines, recommended post-injection treatment therapy is 1-2 visits over one week. This patient did not have cervical spine surgery. He had cervical epidural injections. Therefore, the physical medicine guidelines would apply which called for fading treatment frequency which applied in this case. The request for 8 visits

does not meet the guidelines. The request for eight sessions of post-operative physiotherapy for the cervical spine is not medically necessary or appropriate.