

Case Number:	CM13-0028363		
Date Assigned:	11/27/2013	Date of Injury:	04/18/2012
Decision Date:	01/31/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 50-year-old with date of injury 04/18/2012. The progress report dated 2/28/13 by [REDACTED] noted that the patient was status post C4-6 anterior cervical discectomy and fusion procedure on 2/12/13. The records indicate that the patient then underwent a revision surgery of the cervical fusion on 3/14/13. The progress report dated 8/26/13 by [REDACTED] noted that the patient continued with mild pain in the trapezius and scapular areas. She noted her physical therapy is going well. She is progressing nicely. Exam findings included 5/5 strength in the upper extremities. Sensation is intact in both upper extremities in all dermatomes. A request was made for an additional six postoperative physical therapy visits. The physical therapy note dated 9/4/13 noted that the patient was progressing towards goals. A home exercise program had been established. An additional six visits was recommended. The utilization review letter dated 9/17/13 indicated that the patient had received 24 postoperative physical therapy visits. There is documented symptomatic and functional improvement from previous therapy. The request was modified for two therapy sessions to transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, Postsurgical Treatment Guidelines.

Decision rationale: The records indicate that this patient has undergone 24 postoperative physical therapy visits following revision of her cervical fusion on 3/14/13. The progress report dated 8/26/13 by [REDACTED] noted that the patient continued with mild pain in the trapezius and scapular areas. She noted her physical therapy is going well. She is progressing nicely. Exam findings included 5/5 strength in the upper extremities. Sensation is intact in both upper extremities in all dermatomes. A request was made for an additional six postoperative physical therapy visits. The physical therapy note dated 9/4/13 noted that the patient was progressing towards goals and a home exercise program had been established. The Chronic Pain Medical Treatment Guidelines postsurgical treatment guidelines support 24 visits of physical therapy over 16 weeks. The records indicate that the patient has undergone 24 post-op physical therapy visits and a home exercise program has been established. The treating physician failed to indicate what functional goals an additional six visits would help the patient achieve. The Chronic Pain Medical Treatment Guidelines states that if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The request for six additional physical therapy sessions for the cervical spine is not medically necessary or appropriate.