

Case Number:	CM13-0035119		
Date Assigned:	12/13/2013	Date of Injury:	07/15/2010
Decision Date:	03/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 New York. 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:

This is a 58-year-old female who injured her neck on July 15, 2010 when she slipped and fell. The patient had a diagnosis of cervical disc degeneration and brachial neuritis and she's had cervical fusion surgery. X-rays of cervical spine from March 2011 show degenerative changes and straightening of normal cervical lordosis. EMG nerve conduction studies of the upper extremities from July 2011 show chronic right C7 radiculopathy and bilateral mild carpal tunnel syndrome. Patient has been treated with medications, trigger point injections and physical therapy. She's also had 3 epidural steroid injections in 2012 with limited relief. The patient underwent ACDF surgery at C5-6 and C6-7 on April 29, 2013. She subsequently participated in postoperative physical therapy from May 28, 2013 2 September 26, 2013. She continues to complain of chronic neck and upper back pain. Physical examination shows trigger point in the right upper back. Her physical therapy progress report dated from September 26, 2013 indicates that the patient continues to complain of neck pain and radiating symptoms. Current medications include Celebrex and Flexeril. Physical examination reveals reduced range of cervical motion. Her grip strength is 4-5 in the upper extremities. The patient has had 26 physical therapy visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This patient does not meet established criteria for additional physical therapy for chronic neck pain. According to the medical records provided for review, the patient has had 26 physical visits to date. The requested number of visits in addition to the sessions the patient has already attended exceeds the MTUS Postsurgical Guidelines' recommendations. The patient should have fully progressed to an independent exercise program at this time, but there is no comprehensive clinical evaluation of the patient and no indication the patient is participating in home physical therapy. The medical records provided for review do not indicate that the patient has a progressive neurologic deficit or significant change in physical exam findings. The patient has had previous fusion with continued neck pain and has already had 26 physical therapy visits. Additional physical therapy visits are not medically necessary and appropriate.