

Case Number:	CM13-0036228		
Date Assigned:	12/13/2013	Date of Injury:	11/01/2005
Decision Date:	08/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 expert 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 47 year old male with a work injury to his neck and low back dated 11/1/05. The diagnoses include status post C5-6 anterior cervical discectomy and fusion on 07/23/2013. Under consideration is a request for 24 physical therapy sessions for the cervical spine. There is a 9/23/13 document that states that the patient comes for consultation and evaluation for treatment of his low back pain and for postoperative- follow-up. He is status post an anterior cervical discectomy and fusion procedure. On exam he complains of neck spasms that radiate into his posterior scapula. Presently he states that these are intermittent for him. He complains of low back pain with dysesthetic pain that radiates down his left lower leg as previously described on his previous visits. The treatment plan includes beginning physical therapy for his neck in terms of range of motion exercises 4 times a week x6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26 , 11.

Decision rationale: 24 physical therapy sessions for the cervical spine are not medically necessary per the MTUS post surgical guidelines. The guidelines state that 24 visits of physical therapy are appropriate for the patient's surgery. However, if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. The request as written for post operative therapy exceeds the initial course of therapy post surgical guideline recommendation. The request therefore for 24 physical therapy sessions for the cervical spine are not medically necessary per the MTUS post surgical guidelines.