

Case Number:	CM13-0038975		
Date Assigned:	12/18/2013	Date of Injury:	09/24/2001
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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 59-year-old female who injured her neck on 09/24/2001 due to cumulative trauma. The patient is diagnosed with cervical degenerative disc disease, post-laminectomy syndrome, and spondylosis. A request for additional post-operative physical therapy sessions has been made. A prior history of C5-6 fusion in 2003 was noted. The patient was treated with medications, electrical stimulation, ultrasound, massage, and cervical epidural steroid injections from 7/12 to 8/12. The patient underwent right sided anterior cervical re-exploration for explanation of C5-C6 anterior fixation plate, combined C4 C5 and C6-C7 anterior cervical discectomy and artificial disk replacement on 4/26/13. Post-operatively, she participated in physical therapy visits from 7/1/13 to 7/31/13. As per PT progress report dated 07/26/13, the patient noted limitations in the ability to perform activities of daily living due to an increased pain. She underwent bilateral occipital blocks which did not provide relief. As per progress report dated 08/14/13, the patients overall pain remained about the same with left hand numbness and tingling. The pain was in the neck, bilateral shoulders, and elbow. She completed 8 physical therapy visits out of the 24 requested. Physical examination on that visit showed limited range of motion in the cervical spine and upper extremities with pain. There was increased hyper tonicity in the cervical paraspinal, trapezius, and rhomboids. There were decreased sensations to light touch in the left medical hand and fingers. Current medications include Percocet and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the neck: 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 Chronic Pain Treatment Guidelines Physical Medicine Page(s): 26.

Decision rationale: The recent medical record dated 09/06/13 indicates that the patient has made progress with physical therapy. Additional PT notes received 9/16/13 document PT visits on 7/1/13 and 9/4/13, with Total visits= 10 mentioned. Physical examination revealed residual bilateral C5-C6 weakness. Current medications include Percocet and Flexeril. While post-operative PT is appropriate, there is lack of information regarding the total number of completed sessions to date to validate subsequent post-operative sessions including the date of the last visit. Therefore the request for 6 physical therapy sessions for the neck: is not medically necessary.