

Case Number:	CM13-0039074		
Date Assigned:	12/18/2013	Date of Injury:	12/14/2011
Decision Date:	07/02/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/03/2013

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 Internal Medicine 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 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 injured worker is a 62 year old female whose date of injury is 12/14/11. The mechanism of injury is not described, but the injured worker is noted to be status post carpal tunnel release on the left done 07/12/12, and on the right done 10/25/12. She also is status post 3-level ACDF C4-7 performed on 07/12/13. She was seen in follow-up on 08/22/13 with complaints of dysphagia; otherwise she is pain free in regards to her neck and arms. On examination there was mild tenderness to palpation with no misalignment, asymmetry, crepitation; range of motion with no crepitation, decreased ROM; no instability, subluxation or laxity; normal strength; sensation intact upper and lower extremities. X-rays were noted to be within normal limits. The injured worker was recommended to have postoperative physical therapy at a rate of twice a week for four weeks. Per utilization review determination dated 09/09/13, the request for 8 additional post-op physical therapy sessions for the cervical spine was conditionally non-certified as it was determined that additional information was reasonably necessary to render a decision, to include the total number of post-surgical physical therapy sessions attended by the injured worker, and evidence of subjective and objective functional improvement attained in response to post-op therapy completed to date. A subsequent progress report dated 10/17/13 noted the injured worker to be 3 months post-surgery. She states that she has completed 6 sessions of physical therapy. She is steadily improving and performing her home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional post-operative physical therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.3. Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: CA MTUS supports up to 16 visits over 8 weeks of postsurgical treatment following cervical discectomy/laminectomy, and up to 24 visits over 16 weeks following fusion after graft maturity. The injured worker in this case has undergone a multilevel anterior cervical discectomy and fusion. X-rays were noted as "within normal limits"; however, there was no discussion of the status of the fusion mass. The injured worker is reported to have completed 6 physical therapy sessions since surgery; however, no daily physical therapy progress notes were submitted for review. There is no evidence provided of subjective and objective functional improvement in response to therapy as was requested in order to render a decision regarding the request for additional physical therapy. As such, medical necessity has not been established and the request for 8 additional post-operative physical therapy sessions for the cervical spine is not recommended as medically necessary.