

Case Number:	CM13-0045985		
Date Assigned:	12/27/2013	Date of Injury:	01/17/2002
Decision Date:	05/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 underlying date of injury in this case is 01/17/2002. The primary diagnosis is a cervical sprain. The patient is status post an anterior cervical decompression and fusion at C6-7 in September 2008 and also is status post an anterior cervical discectomy of December 2012. The patient was authorized for 12 postoperative physical therapy sessions to the cervical spine as of 03/30/2013. Previously the patient was status post right shoulder arthroscopic acromioplasty with Mumford procedure and labrum repair of October 2007. A request for authorization of 10/18/2013 requests physical therapy to the cervical spine three times per week for 4 weeks. An accompanying PR-2 note of 10/14/2013, notes that the patient reported residual pain status post anterior cervical discectomy and fusion at C5-6. The patient felt good for awhile, but the pain was intensifying. On exam, no new neurological deficits were noted. The paraspinal muscles were tight bilaterally. A CT scan of 09/21/2013 of the cervical spine showed a solid fusion at C5-6. The treating physician recommended physical therapy to the cervical spine three times a week for 4 weeks. An initial physician reviewer concluded that this is a flare of symptoms and that four physical therapy sessions would be sufficient for treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TREATMENT TO THE CERVICAL SPINE FOR 12 TREATMENTS, 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

Decision rationale: The question under review is the medical necessity of 12 physical therapy visits to the cervical spine. This request for a full 12 visits was denied by an initial reviewer. This patient is beyond the initial postoperative recovery period for the stated surgery. The Medical Treatment Utilization Schedule, physical medicine guidelines, page 99, recommend transition to an independent active home rehabilitation program. The guidelines anticipate that this patient would be able to manage periodic flares up symptoms with an independent rehabilitation program as previously taught. The records do not provide a rationale as to why this patient instead would require additional supervised physical therapy instead of an independent home rehabilitation program, and there are very limited details as far as the patient's compliance with that program which was previously taught. At this time the requested treatment is not supported by the medical records and guidelines. This request is not medically necessary.