

Case Number:	CM13-0050346		
Date Assigned:	12/27/2013	Date of Injury:	01/19/2009
Decision Date:	10/22/2014	UR Denial Date:	10/30/2013
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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 61 years old male with an injury date on 01/19/2009. Based on the 09/25/2013 progress report provided by the treating physician, the diagnoses are: Status post C4-6 anterior cervical microdiscectomy with implantation of hardware.(April 2013), Status post removal of cervical hardware, Status post right shoulder surgery with recurrent full thickness rotator cuff tear and impingement syndrome. (09/19/2009), Left shoulder internal derangement with MRI evidence of full thickness supraspinatus tendon tear, Status post L4-5 posterior lumbar interbody fusion (PLIF) (April 2011). According to this report, the patient complains of persistent pain of the neck and low back that is aggravated with usual activities. The patient mentions he was attending a course of physical therapy. However, he lost his health insurance and currently, he is doing home exercise program. The time-frame for this therapy and the numbers of sessions completed is unknown. Physical exam reveals tenderness at the cervical/ lumbar paravertebral muscles and at the bilateral subacromial space and anteriorly. There is pain with terminal motion of the cervical and lumbar spine. There were no other significant findings noted on this report. The treating physician is the requesting provider, and he provided treatment reports from 09/25/2013 to 10/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTOPERATIVE PHYSICAL THERAPY 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 Physical Medicine Excessive Therapy Page(s): 98, 99, 8.

Decision rationale: The claimant is performing home exercise, there is no need to demonstrated to authorize additional therapy. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of reports show that the patient has had prior physical therapy. The time-frame for this therapy and the numbers of sessions completed is unknown. The treating physician does not indicate a rationale for additional therapy such as a flare-up, decline in function, a new injury, etc. There are no discussions regarding what is to be achieved with additional therapy nor the patient's progress from prior therapy. No discussion is provided as to why the patient is not able to continue to perform the home exercises. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. As such, the request is not medically necessary.