

Case Number:	CM13-0052594		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2011
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine & 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 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 51 year old female who reported an injury on 08/01/2011. The mechanism of injury was noted to be the patient had cumulative trauma. The patient was noted to undergo an anterior cervical disc excision at C5-6 in the region of the cervical spine; bilateral C5 neural foraminotomies and anterior interbody fusion with 8 mm in height, 7 degrees lordotic interbody cage filled with bone putty with a 24 mm anterior cervical plate X-spine plate system on 04/13/2013. The patient was noted to undergo 36 sessions of postoperative physical therapy. The most recent documentation was dated 09/30/2013 and it was indicated objectively that the patient's range of motion of the neck was improving; flexion was 25 degrees, as was extension. Right and left lateral bending were noted to be asymmetric with 25 to left and 20 to the right with a right parascapular trigger point. Rotation to the left was 60 degrees and 55 degrees to the right. The patient had mild decreased sensation to the C6 nerve root distribution to the right hand a moderate right trapezial trigger point and focal tenderness over the triceps tendon of the right shoulder. There was noted to be some mild weakness of the right biceps, wrist extensors, and decreased sensation of the right thumb in the C5-6 nerve root distribution to the right hand. The diagnoses were noted to include right shoulder mild triceps tendinitis, residual right moderate trapezial trigger point, status post injection, anterior cervical disc excision at C5-6, cervical degenerative disc disease at C4-5 and severe at C5-6, cervical disc herniation severe at C5-6 with focal spinal stenosis, and right C6 radiculopathy status post 2 epidural steroid injections. The request was made for 8 more physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Postsurgical Treatment Guidelines indicate after a cervical fusion a patient may have up to 24 visits of physical medicine. There was lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The patient was noted to have participated in 36 physical therapy sessions. There was a lack of documentation of objective functional deficits to support further therapy. Given the above, the request for physical therapy x8 for the cervical spine is not medically necessary and appropriate.