MAXIMUS Federal Services

Case Number:	CM13-0055235		
Date Assigned:	06/20/2014	Date of Injury:	02/09/2012
Decision Date:	07/30/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old female with a work injury dated 2/9/12. Her diagnoses include status post ACDF C5-7 with instrumentation and Iliac crest bone graft. 9/20/12, Grade 1 spondylolisthesis, L4-5 and lumbar radiculopathy. Under consideration is a request for physical therapy 2 x 4 weeks. The patient is status post anterior cervical decompression and fusion of C5-7 with iliac crest bone graft on 9/20/12. Per documentation she has attended 24 sessions of post operative PT. She was authorized an additional 6 sessions of PT in Sept. 2013 and the additional 2 x 4 is now requested in addition the 24 visits. There is an 11/13/13 primary treating physician progress report that states that the patient states that her neck pain is improving with physical therapy. She does have difficulty with prolonged activity. The physical exam of the cervical spine revealed pain with neck motion. There is tenderness in the left and right paracervical muscles and trapezius with spasm. There is evidence of muscle spasm of the cervical spine. The documentation indicates that a peer review dated September 18, 2013 recommended to modify the request for PT x 12 to allow a course of 6 sessions. Guidelines support up to 24 sessions of postoperative PT over 16 weeks following cervical fusion. The patient attended at least 18 visits of postoperative physical therapy since January 2013. Given the current flare up of symptoms, it was reasonable to allow an additional 6 sessions of treatment. There is an August 27, 2013 document that states that the patient is complaining of posterior neck pain. She is having difficulty with her job duties. She complains of low back pain as well, there is moderate tenderness in the cervical and lumbar regions. She will be taken out of work for 4 weeks. There is a 5/28/13 document that states that at the present time, the patient continues to have myospasm and tenderness in the cervical spine bilaterally. The patient will get three more months for the bone consolidation to complete at the levels of C5 to C7 before the patient is made permanent

and stationary. The patient should continue home stretching and strengthening exercises in order to improve her flexibility, mobility, range of motion and activity tolerance. The patient should continue her job with full duty as she has been working at the present time.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/PHYSICAL MEDICINE,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines.

Decision rationale: Physical therapy 2 x 4 weeks is not medically necessary per the California MTUS Post surgical guidelines and the Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 24 post operative visits. The patient has exceeded this number and the most recent documentation does not reveal extenuating circumstances that would warrant additional therapy. The patient should be competent in an independent home exercise program at this point. The request for physical therapy 2 x 4 weeks is not medically necessary.