

Case Number:	CM13-0055558		
Date Assigned:	06/16/2014	Date of Injury:	06/08/2012
Decision Date:	07/30/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 injured worker is a 51-year-old female who reported an injury on 06/08/2012. The mechanism of injury was noted to be 5 years of gradual onset of neck pain. The injured worker's treatments were noted to be physical therapy and medications. The injured worker's diagnoses were noted to be cervical spine disc disease, cervical spine disc herniation, and cervical spine neck pain. The injured worker had a physical evaluation on 06/25/2013. Her complaints were noted to be decreased strength and restricted motion. The injured worker reported subacute, throbbing pain level 4 on a 1 to 10 pain scale. It was not noted the location of the pain. The objective findings included left shoulder discomfort with flexion, and full range of motion. There was no tenderness with palpation. Cervical rotation on the right started getting tight at 40 degrees, but on the left was 60 degrees or more. Side bending to the right was functional, but to the left was uncomfortable. Flexion was full when the injured worker flexed her entire spine. Grip test indicated right grip was 45 pounds and left grip was 40 pounds. The injured worker did not have spasms. The treatment plan included exercise for strength and flexibility, biofeedback, and physical therapy. The provider's rationale for the request was provided within the documentation. A Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK THREE WEEKS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back(updated 5/14/2013).

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

Decision rationale: The California MTUS Postsurgical Treatment Guidelines recommend 16 visits of physical therapy over 8 weeks for postsurgical treatments of a discectomy/laminectomy. The postsurgical physical medicine treatment period is 6 months. The documentation provided for review indicates the injured worker participating in physical therapy, although the number of visits to date is not noted. The guidelines allow for 16 visits. The request is for 6 visits. Without additional information to clarify the number of visits used so far, it is not possible to determine if the number of visits left are within the guidelines' recommendations of 16 visits. In addition, the surgery was on 04/12/2013, and the guidelines indicate the physical medicine treatment period is for 6 months. Therefore, the request for Physical Therapy 2 times a week for 3 weeks for the cervical spine is not medically necessary.