

Case Number:	CM13-0055700		
Date Assigned:	12/30/2013	Date of Injury:	08/05/2002
Decision Date:	08/01/2014	UR Denial Date:	11/13/2013
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 Orthopedic Surgery and is licensed to practice in New York. 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 52-year-old male with a date of injury of August 5, 2002. The patient has chronic neck pain. X-rays of cervical spine to include flexion extension views show normal lordosis and a previous C6-7 fusion. Patient has degenerative changes at C5-C6 and C7-T1. The patient takes Advil. The patient had for physical therapy visits from October 2013 2 November 2013. The patient had C6-C7 ACDF surgery in February 2007. On physical examination the patient has a full range of cervical motion. Motor strength is normal in the bilateral upper extremities with the exception of grip strength in the intrinsic which were weak. The patient's biceps and triceps reflexes were absent. The patient has some decreased sensation in the right hand. The patient has been diagnosed with cervical disc degeneration. At issue is whether additional physical therapy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES 4 VISITS, CERVICAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter.

Decision rationale: Guidelines recommend physical therapy for the treatment of degenerative disc condition and neck. 10-12 visits over 8 weeks are indicated. However, this patient's date of injury was in August 2002. The patient previously had 4 sessions of physical therapy in previous years. Guidelines do not support physical therapy over multiple years. The patient is early had physical therapy for chronic neck pain. The patient had fusion surgery in 2007. Guidelines recommend transition to a home physical therapy program for chronic pain. There is no documentation that the patient cannot be treated with a home physical therapy program. Continued formal physical therapy is not medically necessary. Patient has chronic neck pain with a date of injury many years ago. The patient had physical therapy many years ago for the same problem. Transition to a home program is most appropriate at this time. Guidelines for continued formal physical therapy not met.