

Case Number:	CM13-0059272		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2013
Decision Date:	06/18/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Nephrology, 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 47-year-old male with a date of injury on 4/12/2013. The injury occurred when the patient slipped and fell while stripping a floor. He sustained a laceration to his scalp as well as injuries to his neck, thoracic and lumbar spine. On 10/25/13 the treating physician noted that the patient continued to complain of constant neck pain 9/10 which persisted after a cervical injection on 10/23/13. The examination revealed a positive bilateral Spurling's test with cervical paraspinal tenderness. There was weakness in the deltoid, wrist extensors and biceps bilaterally. Deep tendon reflexes were 1+ in the biceps, 2+ in the triceps. Range of motion was decreased. Diagnoses included: Cervical radiculopathy, C4-5 and C5-6 disc herniation with failure of maximum non-operative treatments. The decision was made to pursue anterior cervical decompression and fusion at C4-5 and C5-6. Following surgery a request was made for post-operative physical therapy 3 times a week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative physical therapy three times a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: The number of requested initial physical therapy sessions exceeds the MTUS recommendations for this type of surgical procedure.