

Case Number:	CM13-0060101		
Date Assigned:	01/10/2014	Date of Injury:	05/04/1995
Decision Date:	04/22/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 underlying date of injury in this case is 05/04/1995. This patient is status post a C3 through C7 posterior decompression and fusion on 01/24/2013 with a history of 16 postoperative physical therapy visits as of the utilization review request under review. On 10/05/2013, the treating orthopedic surgeon submitted an appeal regarding a prior non-certification of 12 session of physical therapy for the neck and shoulder. The treating physician noted that the patient developed pain in her neck and bilateral upper extremities during the course of her employment, and he reviewed the patient's current symptoms of pain in the cervical spine through her upper arms with tenderness, spasm, and guarding of the cervical paraspinals on exam. The treating physician noted that since he initially examined the patient on 08/28/2013, the patient had not received any pharmacological or physical therapy treatment. He noted that the patient demonstrated significant difficulty arising from sitting with an antalgic gait and noted that clinical findings were positive for tenderness over the cervical spine and shoulders and over the acromioclavicular joint and superior deltoid. The treating physician noted that overall a home exercise program was not sufficient to achieve significant symptomatic relief, and he noted that supervised therapy would be educational on the part of the patient since she would be counseled regarding static postures to avoid and activity modifications and reinforcing proper exercise technique and would be encouraged to take an active role in her recovery. A subsequent utilization reviewed which formed the basis of this appeal concluded that the medical records did not establish specific goals or specific rationale for additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR NECK AND BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines, page 26, recommends a postsurgical physical medicine recovery period of 6 months after cervical fusion. These guidelines encourage that physical therapy be based on specific functional goals. Additionally, the Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. The treating physician in this case does not discuss a clear rationale as to why this patient's prior home exercise program would not be appropriate and sufficient for treatment at this time. It is not clear how the proposed additional supervised physical therapy would differ from or supplement a home exercise program in which this patient was previously enrolled as part of postoperative physical therapy. Therefore, the medical records do not establish an indication or rationale or goals for additional supervised physical therapy. Rather, the treatment guidelines would anticipate a continued independent home rehabilitation program. This request for additional physical therapy is not medically necessary.