

Case Number:	CM13-0060970		
Date Assigned:	12/30/2013	Date of Injury:	03/29/1995
Decision Date:	11/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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 & 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 64 year old female with a date of injury on 3/29/1995. As per the 10/28/13 report, she presented with ongoing left foot and neck pain. There were no objective findings documented from this visit. As per the 9/19/13 report, an examination of the cervical spine revealed limited range of motion in all fields. X-rays of the cervical spine dated 5/20/13 revealed status post C4-5 anterior and interbody fusion with mild increased posterior fusion on the graft, solid C5-C7 bony fusion, stable alignment, C3-4 spondylosis, and C3-5 disc narrowing. Current medications include morphine, valium, Ambien, Reglan, and Lidoderm patch. She continues to recover from the previous neck surgery but reported ongoing voice issues and a chronically irritated throat since the cervical surgery. She is status post C4-5 anterior and interbody fusion in December 2012. She completed post-operative physical therapy (unknown visits) and found it beneficial as it decreased her overall pain and spasm. It allowed her to sit up and socialize with friends for up to 45 minutes at a time. It did help her to carry out her activities of daily living in the home such as upkeep, cooking, cleaning, and laundering, etc. for longer periods of time. The diagnoses include neck pain status post fusion of C5, C6, C7 and fusion of C4, C5; loss of voice and a chronic throat irritation status post cervical spine surgery in 2012; and left foot pain status post-surgical repair x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X3WKS CERVICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As per the California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy and 24 visits over 16 weeks for cervical post-surgical (fusion) physical therapy. In this case, the injury is old and the surgery was performed in 2012. The injured worker has already received an unknown number of physical therapy visits. There is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this treatment. There is no evidence of presentation of any new injury / surgical intervention to warrant additional physical therapy. Furthermore, there is no mention of the injured worker utilizing a home exercise program. At this juncture, this injured worker should be well-versed in an independently applied home exercise program with which to address residual complaints, and maintain functional levels). Moreover, additional physical therapy visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.