

Case Number:	CM13-0061375		
Date Assigned:	12/30/2013	Date of Injury:	04/12/2012
Decision Date:	10/01/2014	UR Denial Date:	11/07/2013
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, has a subspecialty in Pain Medicine, 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 53-year-old female with an original date of injury of April 12, 2012. The diagnoses include upper extremity pain, neck pain, cervical disc herniation, and cervical radiculopathy. The patient has had work up with electro-diagnostic studies which have confirmed cervical radiculopathy at C6. The patient has had conservative treatment with physical therapy, cervical epidural steroid injection, and pain medication. The disputed issue is a request for postoperative physical therapy following cervical spine surgery. This was denied by a utilization review determination, with the stated rationale that the surgery is not clearly indicated at this time and therefore postoperative physical therapy would not be indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy, quantity 12, for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Title 8, California Code of Regulations, section 9792.20 page 26 specify the following with regard to post-operative neck and upper back physical therapy: Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Postsurgical physical medicine treatment period: 6 months Postsurgical

treatment (fusion, after graft maturity): 24 visits over 16 weeks*Postsurgical physical medicine treatment period: 6 months. After a review of all the submitted documentation, it is not clear that cervical spine surgery has taken place. There is no operative report, although there are progress notes to propose an anterior cervical discectomy and fusion to address cervical radiculopathy. There are postoperative physical therapy notes following a DeQuervain's tenosynovitis surgical release, but since cervical spine surgery has not taken place, this request is not medically necessary.