

Case Number:	CM13-0071633		
Date Assigned:	01/08/2014	Date of Injury:	03/11/2005
Decision Date:	06/13/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/27/2013

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 Illinois. 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 57-year-old with a reported date of injury on March 11, 2005. The mechanism of injury occurred when a box fell on her. The diagnosis listed on the October 16, 2013 progress note was C5-C6 and C6-C7 degenerative disc disease. The progress noted also stated mild pain with mild swelling, and no change in neck pain. There appears to be a possible cervical discectomy noted in the progress note. The request of authorization was not submitted with the medical records. The request is for physical therapy post-op 2x6 cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OPERATIVE PHYSICAL THERAPY FOR THE CERVICAL SPINE, TWICE WEEKLY FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for physical therapy post-op 2x6 cervical is non-certified. The injured worker has a mention of cervical discectomy and fusion. The California guidelines recommend postsurgical treatment of sixteen visits over eight weeks after cervical fusion. The requested number of physical therapy sessions are less than recommended number by the

guidelines. However, there is a lack of evidence regarding whether or not surgery was performed and when. The request for post-operative physical therapy for the cervical spine, twice weekly for six weeks, is not medically necessary or appropriate.