

Case Number:	CM13-0071991		
Date Assigned:	01/17/2014	Date of Injury:	01/19/2006
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	12/30/2013

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 injured worker is a 57-year-old male who reported an injury on 01/19/2006 during an abrupt stop in an elevator. The injured worker reportedly sustained an injury to his cervical and lumbar spine. The injured worker's treatment history included physical therapy, C3-T1 posterior fusion with instrumentation, a TENS unit and multiple medications. The injured worker was evaluated on 12/17/2013. It was documented that the injured worker had continued soreness and numbness. Physical findings included restricted range of motion secondary to pain. The injured worker's diagnoses included status post fusion from the C3 through the T1. The injured worker's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

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

Decision rationale: The requested 12 physical therapy sessions for the cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule

recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has had previous physical therapy for the cervical spine. The injured worker should be well versed in a home exercise program. However, there is no documentation that the injured worker is successfully participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate to reassess and re-establish a home exercise program to effectively control the injured worker's symptoms. However, the request exceeds this number of visits. As such, the requested 12 physical therapy sessions for the cervical spine are not medically necessary or appropriate.