

Case Number:	CM14-0003788		
Date Assigned:	02/03/2014	Date of Injury:	12/30/2008
Decision Date:	06/20/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery 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 reported an industrial related injury to the cervical spine dated December 30, 2008. The mechanism of injury is unreported. An encounter note dated November 15, 2013 from [REDACTED] is summarized indicating ongoing pain in the neck, bilateral shoulders, and right elbow. Physical examination reveals tenderness to palpation over the midline bilateral paraspinal muscles, occipital scalp, bilateral trapezii, and rhomboids. Shoulder examination demonstrates tenderness of the anterior and superior aspect, trapezius, rhomboid, left greater than right, with a positive Neer's and Hawkin's test. Range of motion of the shoulder causes pain with flexion and abduction. Right elbow tenderness is noted over the medial condyle with radiation to the ulnar aspect of the right forearm and right hand, into the 4th and 5th fingers. Weakness is noted with right hand grip. Additionally, a progress note from [REDACTED] is reviewed which notes a plan for cervical surgery with [REDACTED]. Pharmacotherapy includes Gabapentin, Hydrocodone, Naproxen, and MS Contin. The treatment recommendation is for continued treatment for pain and medication management with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY OF UNSPECIFIED FREQUENCY OR URINATION CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CA Medical Treatment Utilization Schedule, Neck & Upper Back,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Postsurgical Treatment Guidelines.

Decision rationale: California guidelines support physical therapy in selective postoperative settings following surgical intervention for cervical spine pathology. However, the medical record provides no documentation of the specific surgery performed, the date of the surgery, or the diagnosis for which the physical therapy has been requested. Based on the medical record, if cervical spine surgery was performed, and physical therapy has not yet been initiated, the probability that a clinical indication for postoperative therapy exists. However, this is an issue of insufficient documentation to support the request. Therefore, the request for post operative physical therapy of unspecified frequency or duration to the cervical spine is not medically necessary and appropriate.