

Case Number:	CM14-0008456		
Date Assigned:	02/12/2014	Date of Injury:	04/11/2012
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51 year old female with an injury date of 04/11/12. Based on the 12/18/13 progress report provided by [REDACTED], the patient complains of increased pain in her neck and upper back with some radiation into her right shoulder, as well as some residual numbness and tingling into her hands. She had a cervical laminectomy and fusion on 08/05/13. The patient is diagnosed with cervical spondylosis without myelopathy. [REDACTED] is requesting for physical therapy 2 x 6 for the cervical spine. The utilization review determination being challenged is dated 01/10/14. The rationale is that the patient does need "More PT to supervise her HEP. Another 6 PT visits over 6 weeks are recommended for approval to assure proper technique with HEP and should be sufficient to complete transition. Recommend modified approval." [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/13- 01/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES,

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

Decision rationale: According to the 12/18/13 report by [REDACTED], the patient presents with increased pain in her neck and upper back with some radiation into her right shoulder, as well as some residual numbness and tingling into her hands. The patient is s/p cervical laminectomy and fusion from 8/5/13. The request is for physical therapy 2 x 6 for the cervical spine. The 12/23/13 treatment note states that the patient already has had 17 physical therapy sessions. "She has made good functional gains and has little to no difficulty with completing ADL's. She has good ROM and has no limitations with reaching out or over head." In regards to post-operative physical therapy for the cervical spine, Chronic Pain Medical Treatment Guidelines, states that 24 visits over 8 weeks is allowed for a discectomy/laminectomy. The claimant appears to have had adequate post-operative therapy with good progress and the patient should be able to transition into home exercise program. The requested 12 additional physical therapy sessions in addition to 17 already received would exceed what is allowed by the Chronic Pain Medical Treatment Guideline. Therefore the request is not medically necessary.