

Case Number:	CM14-0009564		
Date Assigned:	02/14/2014	Date of Injury:	04/12/2012
Decision Date:	07/08/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 72-year-old female who reported an injury on 04/12/2012. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 01/07/2014 the injured worker complained of frequent neck pain rated 9-10/10, with bilateral upper extremity radicular symptoms of pain and paresthesia's. She reported having weakness in the upper extremity, with weakness and difficulty with balance and walking. The injured worker reported she had not been participating in physical therapy treatment due to pain. She also reported she had suffered flare-ups of the cervical spine. Upon physical examination, the provider noted severely restricted cervical spine range of motion with flexion at 30/50 degrees and extension at 20/60 degrees. The injured worker had a positive Spurling's test bilaterally, as well as a positive Hoffman's test bilaterally. She had decreased light touch over the posterior aspect of the forearms bilaterally. The injured worker's diagnoses included left upper extremity radiculopathy, cervical radiculopathy with multilevel disc herniation, stenosis, spondylosis, and herniated nucleus pulposus, spinal cord compression, and neural foraminal stenosis at C3 through C7 with bilateral upper extremity mild radiculopathy. The provider requested the injured worker undergo an anterior cervical discectomy and fusion at C3 through C7 with iliac crest bone grafting. The provider requested 24 visits of aggressive postoperative physical therapy and rehabilitation program for the cervical spine. The Request for Authorization form was submitted 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

AGGRESSIVE POSTOPERATIVE PHYSICAL THERAPY AND REHABILITATION PROGRAM FOR CERVICAL SPINE FOR 24 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: The request for aggressive postoperative physical therapy and rehabilitation program for cervical spine for 24 visits is non-certified. The injured worker complained of frequent neck pain rated 9/10 to 10/10. She complained of bilateral upper extremity radicular symptoms of pain and paresthesias. The injured worker reported weakness of her upper extremity along with weakness and difficulty with balance and walking. The California Postsurgical Treatment Guidelines recommend for fusion a postsurgical treatment of 24 visits over 16 weeks with a treatment period of 6 months. The guidelines also note an initial course of therapy means 1 half of the number of visits specified in the general course of therapy. There is a lack of documentation indicating the injured worker has undergone the surgical intervention for which the therapy is being requested. Additionally, the request for 24 visits exceeds the guideline recommendations of 12 visits for the initial course of therapy. Therefore, the request for aggressive postoperative physical therapy and rehab program for cervical spine for 24 visits is not medically necessary.