MAXIMUS Federal Services

Case Number:	CM14-0100602		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2010
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 records presented for review indicate that this 41 year-old female was reportedly injured on 12/13/2010. The mechanism of injury is noted as being kicked in the head. The claimant underwent an anterior cervical discectomy and fusion (ACDF) at C5/6 in August 2013. The most recent progress note dated 5/28/2014, indicates that there are ongoing complaints of headaches, neck and right shoulder pain. Physical examination demonstrated normal gait and station; negative Romberg; normal heal-to-toe gait; sensation intact to light touch all four extremities; Patellar/Achilles deep tendon reflexes symmetrical no clonus; pushing on spinous process provoked a severe headache. Electromyography and nerve conduction studies EMG/NCV studies of the left upper extremity dated 3/1/2013 was normal. CT scan of the cervical spine dated 6/4/2014 demonstrated cervical fusion at C5/6 with some latency noted surrounding the plug, but without evidence of hardware failure. MRI of the right shoulder dated 4/2/2013 demonstrated a partial tear the supraspinatus tendon and evidence of adhesive capsulitis. Previous treatment includes cervical spine surgery, physical therapy, acupuncture, transcutaneous electrical nerve stimulation (TENS), massage therapy and medications. A request had been made for 12 Physical Therapy sessions for the cervical spine and right shoulder, which were not certified in the utilization review on 6/5/2014.

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 and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Neck and Upper Back (Acute & Chronic) - Physical Therapy (PT). (Updated 08/04/14). Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: MTUS treatment guidelines support post-surgical physical therapy and allow #24 visits over 16 weeks, within 6 months from the date of surgery. ODG guidelines support 9 visits of physical therapy over 8 weeks for cervicalgia and/or cervical spondylosis. Reviews of the available medical records, documents chronic neck pain status post a cervical spine fusion in August 2013 after a work-related injury in December 2010. The claimant underwent postoperative physical therapy; however, it is unclear how many sessions of therapy were actually attended. Given the lack of documentation, this request is not considered medically necessary.