

Case Number:	CM14-0013245		
Date Assigned:	02/26/2014	Date of Injury:	11/08/1988
Decision Date:	07/02/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 claimant is status post C5-C7 anterior cervical discectomy and fusion 5/2/10. An exam note from 1/14/14 reports residual stiffness. Prior treatment has been physical therapy without improvement. Submitted reports demonstrate radiculitis has improved and marked improvement in shoulder complaints and range of motion has improved. Physical therapy notes are documented from 12/2/13 through 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL PHYSICAL THERAPY FOR THE CERVICAL SPINE FOR TWO TIMES A WEEK FOR FOUR WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Per the California MTUS Postsurgical Treatment Guidelines, page 26, 24 physical therapy visits are recommended over 16 weeks for fusion after graft maturity. The postsurgical physical medicine period is six months. In this case the claimant's surgery was performed on 5/2/10, which exceeds the six month allowable amount of physical therapy. There

is no evidence in the records to support extension beyond the six-month period. As such, the request is not medically necessary.