

Case Number:	CM14-0117005		
Date Assigned:	08/06/2014	Date of Injury:	02/18/2011
Decision Date:	09/16/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 57 year old female who sustained an injury to her neck on 02/18/2011 when she was reaching to check the oil in the bus and felt a snap in her neck. Prior treatment history has included 12 sessions of physical therapy. Progress report dated 04/24/2014 indicates the patient presented stiffness and soreness in her neck and inability to rotate to the right. Objective findings on exam revealed range of motion of the neck revealed complete forward flexion; extension is 75% of normal; bilateral lateral tilt are 50% of normal; right rotation is 20% of normal. Neurologic examination of the upper extremities revealed no motor weakness. Reflexes are 1+ and equal at the biceps, triceps and brachioradialis levels. The patient is noted to have ongoing medication therapy. She is diagnosed with status post anterior cervical discectomy and interbody arthrodesis at C5-C6 with right iliac bone graft and internal fixation on 10/21/2013; and mild bilateral carpal tunnel syndrome. Prior utilization review dated 07/16/2014 states the request for post-op physical therapy 2 x per week x 6 weeks for the cervical is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Op Physical Therapy 2x6 for the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The MTUS guidelines indicate that physical therapy can be appropriate for either post surgical rehabilitation or for acute exacerbations of a chronic condition. In order for physical therapy to be medically appropriate however, there must be documentation that indicates that interim progress has been made with treatment and/or that short or long term goals had been met or partially met. In the 81 pages of documentation that was forwarded for my review, there is no information to indicate that any substantive progress was made with treatment. Therefore, based on the above guidelines and criteria as well as the clinical documentation as stated above, the request is not medically necessary.