

Case Number:	CM14-0120568		
Date Assigned:	08/06/2014	Date of Injury:	12/18/2001
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 48-year-old female with a 12/18/01 date of injury, status post neck fusion greater than 6 months, and status post right upper lid ptosis repair, external approach 2/17/14. At the time (2/19/14) of request for authorization for physical therapy unknown duration/frequency, there is documentation of subjective (tenderness throughout the neck and trapezius muscles) and objective (guarded in neck motion, moderate pain at extremes of motion, motor examination in all major muscle groups normal, sensation normal to light touch) findings, current diagnoses (degenerative disc disease, radiculitis, cervical stenosis, and pseudoarthrosis bone), and treatment to date (medications (including Ultram and Imitrex) and surgery). The 5/1/14 medical report identifies patient has not had postoperative physical therapy for her neck and needs to work on her strength in neck, as she is describing a generalized weakness and fatigue associated with pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY UNKNOWN DURATION/FREQUENCY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: MTUS Postsurgical Treatment Guidelines identifies up to 24 visits of post-operative physical therapy over 16 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease, radiculitis, cervical stenosis, and pseudoarthrosis bone. In addition, there is documentation of status post neck fusion greater than 6 months. Furthermore, there is documentation the patient has not had postoperative physical therapy for her neck. However, given documentation of status post neck fusion greater than 6 months, post-surgical physical medicine treatment period exceeds guidelines. In addition, there is no documentation of the duration and frequency of physical therapy treatments requested. Therefore, based on guidelines and a review of the evidence, the request for physical therapy unknown duration/frequency is not medically necessary.