

Case Number:	CM14-0121879		
Date Assigned:	09/16/2014	Date of Injury:	03/04/2013
Decision Date:	12/12/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 Occupational Medicine 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 36-year-old male who has submitted a claim for cervical spondylosis and herniated nucleus pulposus associated with an industrial injury date of 3/4/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain rated 5/10 in severity. He likewise experienced left shoulder and left arm pain. He denied numbness to his hands. Physical examination of the cervical spine showed tenderness and limited motion. Muscle strength of left deltoid and left wrist flexor muscles was graded 4+/5. Spurling test was negative. Pulses were intact. Magnetic resonance imaging (MRI) of the cervical spine, dated 3/20/2013, revealed disc desiccation with decreased disc height, disc herniation at C5-C6, and left-sided stenosis and neuroforaminal stenosis, severe. Treatment to date has included physical therapy and medications. Utilization review from 3/4/2013 denied the request for anterior cervical discectomy and fusion at C5-C6 because the patient presented with weakness that was not clearly defined solely at the C5-C6 level. The utilization review from 7/24/2014 denied the request for post-op physical therapy two times a weeks for four weeks cervical spine because the contemplated anterior cervical discectomy and fusion at C5-C6 was likewise not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post -Op physical therapy 2 times a weeks for 4 weeks cervical spine: 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): 27.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Post-Surgical Treatment Guidelines recommend post-operative physical therapy for 16 visits over 8 weeks for cervical discectomy / laminectomy as treatment for cervical disc displacement. In this case, patient complained of neck pain rated 5/10 in severity. He likewise experienced left shoulder and left arm pain. He denied numbness to his hands. Physical examination of the cervical spine showed tenderness and limited motion. Muscle strength of left deltoid and left wrist flexor muscles was graded 4+/5. Spurling test was negative. Magnetic resonance imaging (MRI) of the cervical spine, dated 3/20/2013, revealed disc desiccation with decreased disc height, disc herniation at C5-C6, and left-sided stenosis and neuroforaminal stenosis, severe. Symptoms persisted despite physical therapy and medications; hence, treatment plan is to perform cervical surgery. However, utilization review from 3/4/2013 denied the request for anterior cervical discectomy and fusion at C5-C6 because the patient presented with weakness that was not clearly defined solely at the C5-C6 level. There is no clear indication for certifying post-operative physical therapy at this time. Therefore, the request for post-op physical therapy 2 times a weeks for 4 weeks cervical spine is not medically necessary.