

Case Number:	CM14-0124003		
Date Assigned:	08/08/2014	Date of Injury:	07/11/2012
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/06/2014

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 Internal 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 an injured worker who is status post cervical spine surgery 01-22-2014. The injury was 07-21-2014. Primary treating physician report dated June 25, 2014 documented that patient's complaints of residual neck pain with radiculopathy in the upper extremities mainly on the right side with numbness, tingling, and weakness. She is status post cervical arthrodesis. She has difficulty with her daily activities along with difficulty with prolonged periods of sitting, standing, walking, and stair climbing, as well as lifting, pushing, pulling, gripping, and grasping. She has difficulty with sleeping and is awakened due to the pain and discomfort. Physical examination was documented. Spasm, tenderness, and guarding was noted in the paravertebral muscles of the cervical spine along with decreased range of motion. Decreased dermatomal sensation with pain is noted over the bilateral C6 dermatomes. A well-healed incision is noted over the anterior cervical spine from prior surgery. Neurodiagnostic studies of the bilateral upper extremities were reviewed and revealed mild-to-moderate bilateral carpal tunnel syndrome. Diagnoses were lumbar sprain strain, intervertebral disc disorder, cervical radiculopathy, shoulder impingement, wrist tendinitis bursitis, elbow tendinitis bursitis. Treatment plan includes functional capacity evaluation and 12 sessions of physical therapy along with psychological evaluation and medications. She will remain on temporary total disability. Utilization review letter dated 07-21-2014 noted that the patient is status post anterior cervical discectomy and fusion 01-22-2014 and has had 12 physical therapy PT post-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine x12: Overturned

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

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

Decision rationale: Postsurgical Treatment Guidelines provide post-operative physical medicine (PT) recommendations. For cervical fusion, 24 physical therapy visits are recommended. Primary treating physician report dated June 25, 2014 documented the patient's complaints of residual neck pain with radiculopathy in the upper extremities mainly on the right side with numbness, tingling, and weakness. She is status post cervical arthrodesis. She has difficulty with her daily activities. Physical examination was documented. Spasm, tenderness, and guarding was noted in the paravertebral muscles of the cervical spine along with decreased range of motion. Decreased dermatomal sensation with pain is noted over the bilateral C6 dermatomes. A well-healed incision is noted over the anterior cervical spine from prior surgery. Utilization review letter dated 07-21-2014 noted that the patient is status post ACDF anterior cervical discectomy and fusion 01-22-2014 and has had 12 physical therapy PT post-operatively. Medical records indicate that the patient has had 12 physical therapy visits. ACDF anterior cervical discectomy and fusion was performed on 01-22-2014. MTUS guidelines allow for 24 physical therapy visits. The request for 12 additional physical therapy visits is in accordance with MTUS Postsurgical Treatment Guidelines. Therefore, the request for Physical therapy to the cervical spine x12 is Medically Necessary.