

Case Number:	CM14-0136135		
Date Assigned:	09/03/2014	Date of Injury:	04/09/2003
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 injured worker is a 69 year old male who reported injury on 04/09/2003. The mechanism of injury was not provided. Diagnoses were not listed. The past treatments included medications. An x-ray of the cervical spine showed the anterior cervical discectomy and fusion done at C5-C7, and a CT scan revealed severe foraminal stenosis to C5-6 and C6-7 bilaterally. The progress note dated 06/30/2014 noted the injured worker complained of severe pain to both sides of his neck radiating down to his arms and hands. The physical exam revealed a positive Spurling's sign to the right arm, and 5/5 strength to the upper extremities, except his right wrist flexor, which was 4+/5. Medications were not listed. The treatment plan recommended a posterior cervical foraminotomy bilaterally at C5-6 and C6-7. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Post Operative Physical Therapy for the Cervical spine for 2 times a week for 3 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for post-operative physical therapy for the cervical spine for 2 times a week for 3 weeks as an outpatient is not medically necessary. The injured worker had an anterior cervical discectomy and fusion, the date of that surgery was not documented. There was a recommendation for a posterior cervical foraminotomy, but there is no indication of this surgery having been done, or scheduled. The California MTUS guidelines recommend post-operative physical therapy for a total of 16 visits over 8 weeks in the 6 month post-surgical treatment period, with an initial course of therapy being half of the number of recommended visits. There is no indication that the injured worker has recently undergone a posterior cervical foraminotomy bilaterally at C5-6 and C6-7 or that the injured worker is scheduled to undergo the procedure within the near future. There is no indication of functional limitations. Due to the lack of documentation indicating the surgery has been performed or it will be performed within the near future, post-operative physical therapy is not indicated at this time. Therefore, the request is not medically necessary.