

Case Number:	CM14-0144209		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2010
Decision Date:	11/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/05/2014

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 & Rehabilitation, 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:

This is a 42-year-old male with an 11/29/2010 date of injury, due to repetitive trauma. 8/30/14 determination was modified given that a request was made for a left C5-6 foraminotomy and decompression of the nerve root was also requested and CA MTUS recommend regarding an initial course of therapy: on half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical medicine treatment recommendations. 8/8/14 medical report identified neck pain with left upper extremity pain and paresthesias 6/10. Exam revealed positive Spurling's, left 4/5 upper extremity deltoids and biceps. Decreased light touch over the forearm at C6 nerve root distribution. Deep tendon reflexes decreased in the brachioradialis 1+. Diagnoses include neuroforaminal stenosis left C5-6 and left upper extremity radiculopathy. 7/10/14 CT scan report revealed s/p C5-6 anterior fusion and interbody fusion, and C6-C7 interbody fusion. No central canal stenosis. Moderate left foraminal stenosis at C5-6. Records indicate that a left C5-6 foraminotomy and decompression was certified on 8/29/14, where there was modification of physical therapy visits from 18 to 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of post-op physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient was certified to undergo cervical fusion, for which post-operative rehabilitation is recommended. CA MTUS post-surgical treatment guidelines state that if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. The prior determination appropriately modifies the request to 8 sessions. These serve to document functional improvement prior to undergoing additional sessions. However, in the context of this review the request made is not medically necessary.