

Case Number:	CM14-0166802		
Date Assigned:	10/14/2014	Date of Injury:	06/02/2009
Decision Date:	11/17/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Rehabilitation 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 34-year-old female who sustained an injury on 06/02/09. As per report of 09/24/14, she complained of neck pain. Physical examination revealed left sided anterior cervical incision that was well healed. She had moderate tenderness to palpation to the posterior cervical spine and paraspinal musculature bilaterally and in the region of bilateral trapezius muscles. Upper extremity motor examination revealed strength was measured at 5/5 bilaterally throughout all muscle groups in the upper extremities; upper extremity reflex exam was measured at 2+ bilaterally, symmetric. She exhibited negative Hoffman's sign. She had a C4-C7 anterior cervical discectomy and fusion dated 02/26/10 for multilevel cervical stenosis and myelopathy with revision of anterior C6-C7 discectomy and fusion dated 05/20/11 for nonunion. She received physical therapy in 2012 and 6 sessions of physical therapy in 07/2014. Additionally she had medication management, work modification, TENS unit. The patient indicated that the therapy was very helpful in reducing her pain and she was doing quite well. Diagnoses include persistent C6-C7 nonunion with continued axial neck pain, industrial related; progressive thickening and ossification of the posterior longitudinal ligament with multilevel cervical stenosis, most significant at the C3-C4 level, industrial related. Current medications were not documented in the clinical records submitted with this report. The request for Physical Therapy 2x3 of the cervical spine was denied on 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy and up to 24 PT visits over 16 weeks for post-discectomy / fusion physical therapy. In this case, the injured worker has had unknown number of physical therapy visits in the past. However, there is little to no record of any progress notes significant improvement with documentation of the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of this modality in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). There is no evidence of presentation of any new injury / surgical intervention to justify PT. Moreover, additional PT visits would exceed the guidelines criteria. Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.