MAXIMUS Federal Services

Case Number:	CM14-0178155		
Date Assigned:	10/31/2014	Date of Injury:	04/06/2013
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

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 Geriatrics and is licensed to practice in New York. 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 38 year old woman with a date of injury of 4/6/13. She was seen by her provider on 9/8/14 with complaints of pain in her right upper extremity with numbness in her hand. She had 'confirmed radiculopathy' of C6, clinically C7 with a 2013 MRI which showed progressive stenosis in the foramen of C5-6 and C6-7. She also had a C7 confirmatory cortisone injection. There was a request for a two level anterior cervical discectomy at C5-6 and C6-7. It appears from the records that the request for surgery was denied. At issue in this review is the request for cervical hard and soft collar and home and outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cervical soft collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Online Version: Collars (cervical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: This injured worker has chronic pain and at issue is a soft cervical collar for the post-operative period. Cervical collars have not been shown to have any lasting benefit,

except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. In this injured worker, the records do not substantiate the medical necessity for a neck brace and what the treatment goals are. Additionally, it appears that the requested surgery was denied. The cervical collar is not medically necessary.

1 cervical hard collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter, Online Version: Collars (cervical)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: This injured worker has chronic pain and at issue is a hard cervical collar for the post-operative period. Cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. In this injured worker, the records do not substantiate the medical necessity for a neck brace and what the treatment goals are. Additionally, it appears that the requested surgery was denied. The cervical collar is not medically necessary.

8 in-home physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, functional status and therapy goals are not documented. There is no evidence that she is homebound. Additionally, it appears that the requested surgery was denied, rendering the post-operative physical therapy not necessary. The records do not support the medical necessity for 8 in home physical therapy visits in this individual with chronic pain. The request is not medically necessary.

8 post-operative outpatient physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 13-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, functional status and therapy goals are not documented. Additionally, it appears that the requested surgery was denied, rendering the post-operative physical therapy not necessary. The records do not support the medical necessity for 8 postoperative outpatient physical therapy visits in this individual with chronic pain. The request is considered not medically necessary.