

Case Number:	CM14-0178333		
Date Assigned:	10/31/2014	Date of Injury:	06/17/1994
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
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 Orthopedic Surgery, 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 48-year-old female who reported an injury on 02/18/2014. The mechanism of injury involved a fall. The current diagnoses include cervical disc protrusion with neural foraminal narrowing, facet arthropathy, and cervical cord narrowing with spinal stenosis and kyphotic deformity. The injured worker was evaluated on 08/13/2014 with complaints of ongoing cervical spine pain with radiation into the hands. The physical examination revealed 2+ spasm in the paracervical muscles bilaterally, 35 degrees flexion, 45 degrees extension, 70 degrees right rotation, 65 degrees left rotation, 35 degrees right lateral flexion, 40 degrees left lateral flexion, positive Spurling's tests bilaterally, diminished biceps reflexes on the right, and diminish strength in the right upper extremity. The treatment recommendations at that time included a total disc arthroplasty at C4-5 and C5-6. A Request for Authorization form was then submitted on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-op physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. There was no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request for postoperative physical therapy is not medically necessary at this time.