

Case Number:	CM14-0179915		
Date Assigned:	11/04/2014	Date of Injury:	01/14/2012
Decision Date:	12/09/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 01/14/2012. The mechanism of injury was not provided. Her relevant diagnoses are status post posterior fusion with instrumentation, status post anterior cervical discectomy and fusion, C5-6 disc herniation with left lateral recess and neural foraminal stenosis, C4-5 disc bulge with left neural foraminal stenosis, cervical radiculopathy, and cervical multilevel disc bulges or small protrusions. Her past treatments were noted to include 26 visits of physical therapy within 8 weeks and activity modification. She had an anterior cervical discectomy and fusion in 08/2013. On 03/27/2014, she underwent placement and removal of hardware to her cervical spine. From 06/04/2014 to 07/02/2014, her cervical spine range of motion improved from 30-35 degrees of flexion, 10-15 degrees left lateral flexion, and 20-25 degrees of left rotation, while right lateral flexion and rotation was unchanged. On 09/24/2014, she noted some tightness and discomfort on the left side of her neck and stated she had "good improvement" from physical therapy sessions she has previously attended. Upon physical examination, she was noted to have good muscle strength to her bilateral upper and lower extremities. There were no relevant medications noted on the report. The treatment plan was noted to include additional physical therapy for 2 more weeks. A request was received for additional postoperative physical therapy x4 sessions for further improvement. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional Post-Operative Physical Therapy Sessions: Upheld

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

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

Decision rationale: The request for 4 Additional Post-Operative Physical Therapy Sessions is not medically necessary. According to the California MTUS Guidelines, the postsurgical medicine period for fusion is 6 months consisting of 24 visits over 16 weeks. It was noted that the injured worker had participated in 26 visits of physical therapy in a time frame of 8 weeks from June to July of 2014 post-op from the surgery being more than 6 months ago. She was noted to have objective functional improvement with that treatment. The clinical note dated 09/24/2014 did not note measurable objective findings in regards to her functional status showing the need for additional physical therapy. In the absence of current measurable functional deficits, and as the request exceeds the recommended sessions, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.