

Case Number:	CM14-0185953		
Date Assigned:	11/13/2014	Date of Injury:	06/22/2012
Decision Date:	12/30/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/07/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of June 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; unspecified amounts of physical therapy over the course of the claim; and epidural steroid injection therapy. In a Utilization Review Report dated October 14, 2014, the claims administrator partially approved a request for 18 sessions of physical therapy to the cervical spine as six sessions of physical therapy to the same. It was stated that the applicant had undergone earlier cervical spine surgery in March 2014. Despite the fact that the applicant was outside of the six-month postsurgical physical therapy medicine treatment period established in MTUS the claims administrator nevertheless invoked the MTUS Postsurgical Treatment Guidelines, it is incidentally noted. In its Utilization Review Report, the claims administrator referenced a September 17, 2014 progress note in which the applicant was reportedly given work restrictions. The claims administrator noted that the attending provider had reported that the applicant had had only 12 sessions of postoperatively throughout that point in time. The claims administrator then stated, in another section of its note, that the applicant had actually had these cervical fusion surgeries at issue in April 2014. The claims administrator referenced a September 30, 2014 office visit which alluded to the applicant's having completed 18 sessions of physical therapy through September 30, 2014. The applicant's attorney subsequently appealed. On May 14, 2014, 12 additional sessions of physical therapy were sought following earlier cervical spine surgery. The applicant's work status was not furnished on this occasion. On March 12, 2014, a bone stimulator and postoperative home health care were sought following planned cervical fusion surgery. On May 14, 2014, 12 additional sessions of physical therapy

were sought. The remainder of the file was surveyed. The cervical fusion surgery apparently transpired on an operative report of April 8, 2014. The September 17, 2014 progress note and September 30, 2014 Request for Authorization (RFA) form on which the article in question was sought was not seemingly incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical spine, qty: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request in question was initiated on September 30, 2014, i.e., still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier multilevel cervical fusion surgery on April 8, 2014. While neither the attending provider nor the claims administrator clearly identified how much prior physical therapy the applicant had had up through the date of request, the Postsurgical Treatment Guidelines in MTUS notes that the frequency of visits shall be gradually reduced or discontinued as applicant gains independence in management of symptoms and with achievement of functional goals. Here, however, it is not clear why a lengthy, 18-session course of physical therapy was sought on or around September 17, 2014 through September 30, 2014, i.e., somewhere toward the end of the six-month postsurgical physical medicine treatment period established in MTUS following earlier cervical fusion surgery of April 8, 2014. While it acknowledged that the September 17, 2014 progress note and September 30, 2014 RFA form on which the article in question was sought were not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate such a length course of physical therapy relatively late in the six-month postsurgical physical medicine treatment period established in MTUS. Therefore, the request is not medically necessary.