

Case Number:	CM14-0025200		
Date Assigned:	06/11/2014	Date of Injury:	08/06/2010
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine and Rehabilitation, Pain Medicine 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 40 year old female whose date of injury is 08/06/2010. She was collecting ice from an ice machine when the lid swung down and struck her on the top of the head. Treatment to date includes physical therapy, epidural steroid injections and artificial disc replacement at C5-6 on 03/29/12. A computed tomography (CT) of the cervical spine dated 11/26/13 revealed an intervertebral body spacer at C5-6 with no evidence of hardware loosening. There is no evidence of canal stenosis or foraminal narrowing. Note dated 12/03/13 indicates the injured worker underwent trigger point injections and greater occipital nerve block on this date. Progress report dated 01/24/14 indicates that diagnoses are status post anterior cervical discectomy and artificial disc placement and possible early osteolytic and early loosening.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO SESSIONS PER WEEK FOR SIX WEEKS TO THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation ODG Guidelines Neck and Upper Back Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy two sessions per week for six weeks to the cervical spine is not recommended as medically necessary. There is no comprehensive assessment of recent treatment completed to date or the injured worker's response thereto submitted for review. California Medical Treatment Utilization Schedule Guidelines (CAMTUS) would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.