

Case Number:	CM14-0025634		
Date Assigned:	06/13/2014	Date of Injury:	07/16/2010
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/28/2014

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 patient is a 46-year-old female who was injured on 07/16/2010. The mechanism of injury is unknown. Prior medication history included Tramadol and Gabapentin. She was also treated physical therapy. The patient underwent an anterior cervical fusion on 04/25/2012. Progress report dated 01/31/2014 indicated the patient continued to have neck and left arm pain. On exam, she had weakness in the left wrist flexion and finger extension. She had diminished left triceps reflex and positive Spurling sign. She was diagnosed with status post C5 to C7 anterior cervical discectomy and fusion, pseudoarthrosis at C6-C7 and broken C7 screws. The patient was recommended for 12 sessions of physical therapy. It was noted on this report, that an x-ray of the cervical spine revealed pseudoarthrosis at C6-C7. There is a large cleft and broken screws at C7. Progress report dated 12/11/2013 reports the patient was unable to complete all sessions due to pain. On examination of the cervical spine, she had 30% restriction in range of motion. She had bilateral paraspinous tenderness. Her upper extremity showed weakness in her left wrist flexion and finger. She also had triceps weakness and trace triceps reflex on the left as compared to 2+ on the right. RFA documented the patient was authorized for 8 visits of physical therapy on 02/05/2014. Prior utilization review dated 02/12/2014 denied the request for physical therapy 2 times a week times 6 weeks for the cervical spine because there was no documented functional improvement including range of motion to determine deficits to be addressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: This is a request for 12 visits of physical therapy for the neck for a 46-year-old female with chronic neck pain and history of C5-7 cervical fusion on 4/25/12. Date of injury is 7/16/10. In a progress note dated 1/31/14, the patient complains of neck and left upper extremity pain. There is left upper extremity weakness and diminished triceps reflex and positive Spurling's sign, which are chronic findings. Cervical spine XR's showed pseudarthrosis at C6-7. 12 visits of physical therapy and epidural steroid injection were requested. However, 8 physical therapy visits were authorized sometime before early December 2013, yet there is no documentation of treatment response. The patient reportedly had post-operative physical therapy in 2012 but was unable to complete treatment due to pain. There is no documentation of an acute flare-up to justify additional physical therapy. The number of visits exceeds the recommended amount of 8-10 visits over 4 weeks. Therefore, the request for physical therapy twice a week for six weeks for the cervical spine is not medically necessary and appropriate.