

Case Number:	CM14-0026797		
Date Assigned:	06/13/2014	Date of Injury:	02/04/2010
Decision Date:	07/16/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/03/2014

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 39-year-old female with a 2/4/10 date of injury, and status post C5-C6 anterior cervical discectomy and artificial disc replacement 11/22/13. The past diagnosis consisted of right-sided weakness and left-sided numbness, some residual neck pain, left hemi sensory loss, right hemiparesis, fine motor skills severely limited on the right. The current diagnoses included C5-C7 level spinal cord injury, unspecified, brachial neuritis or radiculitis NOS, and the treatment to date consisted of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 12 WEEKS FOR CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Postsurgical Treatment Guidelines identifies up to 16 visits of post-operative physical therapy over 8 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, MTUS Postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of C5-C7 level spinal cord injury, unspecified, brachial neuritis or radiculitis. In addition, there is documentation of status post C5-C6 anterior cervical discectomy and artificial disc replacement on 11/22/13. However, given that the request is for physical therapy 3 times per week for 12 weeks for cervical spine, the proposed number of visits exceeds postoperative physical therapy guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3 times per week for 12 weeks for cervical spine is not medically necessary.