

Case Number:	CM14-0027582		
Date Assigned:	06/13/2014	Date of Injury:	09/28/2010
Decision Date:	07/24/2014	UR Denial Date:	02/16/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 09/28/10 when a light fixture fell on her neck. She had a past medical history of a cervical spine fusion in 2001 after a motor vehicle accident and had done well after surgery. She was seen for a neurosurgical evaluation on 06/13/11. She had failed treatments including medications and extensive physical therapy. Further surgery was recommended and on 07/20/11 she underwent removal of the prior fusion hardware with multilevel fusion from C5-C7. She returned to work in a clerical capacity in September 2011. One year after her surgery, she spontaneously developed neck pain. Treatments have included pneumatic traction, medications, heat, ice, and an ergonomic evaluation. After surgery, she was assigned a 19% whole person impairment. Testing has included EMG/NCS testing on 07/16/12 showing findings of right carpal tunnel syndrome and an MRI of the cervical spine on 08/02/12 showing interval removal of the claimant's prior fusion hardware and subsequent surgery. It showed degenerative disc disease at C3-4 and a new C7-T1 disc herniation. Subsequent treatments included physical therapy and as of 12/10/10 she had attended 12 treatment sessions after the initial evaluation on October 19, 2010. There had been a 90% improvement and she had returned to full duty. A home exercise program is referenced. Therapeutic content included traction, electric stimulation, myofascial release, and therapeutic exercise with diagnoses of a cervical strain/contusion. She was seen by the requesting provider on 02/06/14. She was noted to be right-hand dominant. She was having primarily neck pain. Physical examination findings included moderately severe cervical spine rotation and right-sided extension and moderate restrictions on the left side. She had bilateral 4 +/5 biceps strength. Imaging results are referenced as showing postoperative changes without instability on dynamic x-rays. The assessment references diagnoses of neck pain, cervical radiculopathy, lumbar spinal stenosis, and cervical spondylosis. The use of traction was discussed and authorization for physical therapy 2-

3 times per week for 6 weeks was requested. There is no mention of any specific therapeutic content to be included. Oxaprozin was prescribed. Aleve was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TO THREE SESSIONS PER WEEK FOR SIX WEEKS FOR THE NECK REGION, TOTAL: 18 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

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

Decision rationale: The claimant is status post work-related injury in September 2010 undergoing a cervical spine fusion revision in July 2011. She appears to have done well after her surgery with return to unrestricted work after 12 physical therapy sessions. One year after surgery she developed neck pain and there is no identified new injury or impairing event. She is now being treated for cervicgia. Her prior treatments had included physical therapy before her surgery and there is reference to extensive physical therapy afterwards. The requested 18 additional physical therapy sessions do not include any specifically requested therapeutic content. The claimant's prior treatments should have included a home exercise program and patients are expected to continue active therapies at home in order to maintain improvement levels. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight and could be performed as often as needed/appropriate rather than during scheduled therapy visits. If further physical therapy were tried, a formal six visit clinical trial with reassessment prior to continuing treatment would be expected with an expected maximum of 9 visits. The number of visits, therefore, is also in excess of the applicable guidelines. The request is not medically necessary.