

Case Number:	CM14-0029701		
Date Assigned:	04/23/2014	Date of Injury:	11/24/2009
Decision Date:	07/03/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/18/2014

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 Hand 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:

This claimant is a 58-year-old who sustained an injury to the cervical spine in a work related accident on November 24, 2009. The records provided for review documented that the claimant is status post a C5-6 cervical decompression in April of 2013 followed by C5-6, C6-7 anterior cervical discectomy and fusion on October 4, 2013. Records also document this individual has been treated postoperatively with immobilization, medication management and a significant course of formal physical therapy. The December 27, 2013 follow up report noted resolution of the upper extremity numbness but continued shoulder complaints. Physical examination was documented to show 4/5 grip strength. The recommendation was made for formal physical therapy to consist of eight sessions to include a work hardening program. Further documentation of postoperative care was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST OPERATIVE PHYSICAL THERAPY X 8 SESSIONS TO INCLUDE WORK CONDITIONING 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 Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: The records document that the claimant was noted to be doing well following anterior cervical discectomy and fusion with subjective documentation of resolution of upper extremity pain complaints. While it is noted that the individual has undergone a course of formal physical therapy, there would currently be no indication for a work hardening program because there is no documentation that the claimant is unable to return to work and advance his work-related functions. There is also no documentation of a Functional Capacity Examination showing maximal effort but physical capabilities below employer-verified physical demands for the job duties. Based on clinical improvement, the request for physical therapy and a work hardening program would not be indicated. The request is not medically necessary and appropriate.