

Case Number:	CM14-0030740		
Date Assigned:	06/20/2014	Date of Injury:	02/06/2001
Decision Date:	10/09/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 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 injured employee is a 58-year-old female who reportedly sustained a work related injury on February 6, 2001. The mechanism of injury was not stated in the medical record reviewed. The most recent medical record available for review was dated March 13, 2014. On this date, there was a chief complaint of neck pain and numbness in the left arm. There was a history of multiple neck surgeries to include a fusion of C5 through T1. Current medications included tramadol and MiraLAX. The physical examination noted tenderness of the cervical spine paraspinal muscles with muscle spasm. There was decreased cervical spine range of motion. There was also a normal upper extremity neurological examination. Diagnoses included cervical spine injuries with fusion, residual pain and cervical muscle spasms. Treatment included tramadol, tizanidine and MiraLAX. A previous request for additional physical therapy three times a week for four weeks was not certified in a prior utilization management review dated February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy visits, 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Neck, Displacement of Cervical intervertebral disc.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 1-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to the medical records provided, the injured employee has had multiple cervical spine surgeries, which included multiple postoperative sessions of physical therapy. The official disability guidelines recommend only 10 visits of physical therapy for sprains and strains of the neck over eight weeks time. This request for additional physical therapy three times a week for four weeks is not medically necessary.