

Case Number:	CM14-0036435		
Date Assigned:	06/25/2014	Date of Injury:	01/10/2012
Decision Date:	08/27/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehab 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 39 year-old patient sustained an injury on 1/10/12 while employed by [REDACTED]. Request under consideration include INITIAL POST-OP PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS, CERVICAL. There is a utilization peer review dated 3/10/14 with decision to deny requests for cervical C4-5 and C5-6 disc replacement, neuromonitoring, assistant surgeon, pre-op clearance, and 4-5 inpatient stay. It was noted the patient had previous history of cervical discectomy of C5-6 on 5/13/2009 and was involved in a MVA on date of injury in January 2012 which exacerbated her cervical spine symptoms and left upper extremity radiation. Noted was MRI of 2/6/14 showing multi-level degenerative disc disease affecting C3-6 with 3 mm protrusion at C3-4. Exam of 3/4/14 noted decreased C6 dermatome, motor weakness and reflex change of left upper extremity. Treatment included surgery and the patient to remain TTD. The peer reviewer noted the provider advised that the two level arthroplasty using device approved by FDA supersedes accepted guidelines. The denial for cervical disc arthroplasty was summarized as medical record and diagnostics indicated proximal and distal adjacent pathology, which precluded the guidelines recommendation for the requested surgery. The request for INITIAL POST-OP PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS, CERVICAL was non-certified on 3/10/14 citing guidelines criteria, lack of medical necessity, and non-certification of cervical surgery requested, negating need for postop PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL POST-OP PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS,
CERVICAL:** Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-operative Treatment Guidelines, Neck & Upper Back, Post-surgical treatment of Artificial Disc [DWC], pages 15-16: Postsurgical treatment: 18 visits over 4 months *Postsurgical physical medicine treatment period: 6 months Page(s): pages 15-16.

Decision rationale: This 39 year-old patient sustained an injury on 1/10/12 while employed by [REDACTED]. Request under consideration include INITIAL POST-OP PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS, CERVICAL. There is a utilization peer review dated 3/10/14 with decision to deny requests for cervical C4-5 and C5-6 disc replacement, neuromonitoring, assistant surgeon, pre-op clearance, and 4-5 inpatient stay. It was noted the patient had previous history of cervical discectomy of C5-6 on 5/13/2009 and was involved in a MVA on date of injury in January 2012 which exacerbated her cervical spine symptoms and left upper extremity radiation. Noted was MRI of 2/6/14 showing multi-level degenerative disc disease affecting C3-6 with 3 mm protrusion at C3-4. Exam of 3/4/14 noted decreased C6 dermatome, motor weakness and reflex change of left upper extremity. Treatment included surgery and the patient to remain TTD. The peer reviewer noted the provider advised that the two level arthroplasty using device approved by FDA supersedes accepted guidelines. The denial for cervical disc arthroplasty was summarized as medical record and diagnostics indicated proximal and distal adjacent pathology, which precluded the guidelines recommendation for the requested surgery. The request for INITIAL POST-OP PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS, CERVICAL was non-certified on 3/10/14 citing guidelines criteria, lack of medical necessity, and non-certification of cervical surgery requested, negating need for postop PT. Although the Post-surgical treatment of Artificial Disc allow for Post-surgical treatment of 18 visits over 4 months with Post-surgical physical medicine treatment period of 6 months, the requested cervical spine surgery was non-certified without any new information or indication submitted for post-operative PT at this time. The INITIAL POST-OP PHYSICAL THERAPY 2 TIMES WEEKLY FOR 6 WEEKS, CERVICAL is not medically necessary and appropriate.