

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0039833 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 09/19/2008 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/04/2014 |

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 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:

This is a 57 year old male who injured his neck on 9/19/08. The medical records provided for review include the 3/3/14 progress report documenting that the claimant is status post an anterior cervical discectomy and fusion in August 2013 with continued complaints of pain radiating into the hands and digits. Physical examination findings showed spasm with diminished range of motion of the cervical spine. The records indicate that the claimant has had a significant course of formal physical therapy since the time of the August 2013 procedure. At present, there is a request for six additional therapy visits given the claimant's current clinical presentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy X 6 visits for cervical spines: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on the MTUS Postsurgical Guidelines, the request for six additional sessions of physical therapy would not be supported. The MTUS Postsurgical Guidelines recommend 24 sessions of therapy over 16 weeks after graft maturity. This individual has already exceeded the MTUS Postsurgical Guidelines for both frequency and duration of physical

therapy in the post-operative setting. There is no current physical examination finding indicating why this individual would be unable to advance to an aggressive form of a home exercise program. As such, the request is not medically necessary and appropriate.