

Case Number:	CM14-0041141		
Date Assigned:	06/30/2014	Date of Injury:	10/28/2007
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/08/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review, indicate that this 60-year-old male was reportedly injured on 10/28/2007. The mechanism of injury was noted as cumulative trauma. The claimant underwent a cervical fusion C5-C7 on 4/19/2012. The most recent progress notes, dated 2/28/2014 and 5/25/2014, indicated that there were ongoing complaints of neck pain and left shoulder pain. Physical examination demonstrated stiffness of the cervical spine tenderness and spasm over the trapezial area. There was left shoulder tenderness with positive impingement. Computed tomography (CT) scan of the cervical spine, dated 3/13/2014, showed an anterior discectomy & fusion at C5-C7 but not yet evidenced at C5-C6, interbody fusion at C4-C5, and mild right and moderate left foraminal narrowing due to facet arthropathy with mild canal narrowing at C5/6. Previous treatment included physical therapy, left arthroscopic shoulder surgery, two cervical spine fusions and medications. A request was made for physical therapy 2 visits per week for 6 weeks of the cervical spine and left shoulder which was not certified in the utilization review on 3/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two visits per week for six weeks for the cervical spine and left shoulder.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83,103.

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

Decision rationale: MTUS Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. The claimant suffers from chronic neck and left shoulder pain. A computed tomography (CT) scan of the cervical spine from March 2014 documented a possible pseudoarthrosis at C5-C6 after the anterior cervical discectomy, instrumentation and fusion from C5-C7 in 2012. Given these radiographic findings, this request is not considered medically necessary.