

Case Number:	CM14-0048012		
Date Assigned:	07/09/2014	Date of Injury:	08/31/2013
Decision Date:	08/26/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine 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 claimant was injured on 08/31/13. Continued physical therapy for the cervical spine and a follow-up visit with [REDACTED] are under review. The claimant is status post cervical fusion at 3 levels on 10/29/13. There is a well-healed scar. Limited range of motion has been documented on multiple occasions per [REDACTED]. On 01/09/14, range of motion was 50% flexion and extension less than 25%. Rotation was about 50% expected. Postop cervical physiotherapy was recommended for 12 visits. On 02/19/14, he saw [REDACTED] and cervical spine flexion was 50% extension less than 30%. He saw [REDACTED] on 03/07/14. He had done well and was in physical therapy. He stated his neck felt good but he still thought his right shoulder girdle was weak and he fatigues easily. He was using Norco at times. He was in minimal discomfort. The incision was well-healed. Range of motion was not noted but his strength was grossly intact. On 03/24/14, he reported that the strength in both shoulders was slowly improving. He had a lack of energy but his postop pain level is tolerable. Cervical range of motion revealed flexion of 50% and extension less than 30%. Rotation was 70% expected. He had hyporeflexia of the upper limbs and no motor deficits. 12 additional visits are recommended for continued strengthening. On 04/24/14 and 05/27/14, the examination was essentially the same. He was evaluated on 06/26/14. He complained of cervical stiffness since the surgery. His left and right hand strength was slowly increasing with PT but he still felt heaviness in his upper limbs. He saw [REDACTED] and his healing progress was as expected. He was not taking any oral analgesics. Cervical range of motion revealed flexion of 25% and extension less than 30%. He had hyporeflexic upper limbs and no motor deficits. 12 additional therapy visits were ordered and he was released to modified duty 3 days per week as of 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Postoperative Cervical Physiotherapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 130, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The history and documentation do not objectively support the request for an additional 12 post-op PT visits for the cervical spine at this time. The MTUS recommend Displacement of cervical intervertebral disc : Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. The Chronic Pain Guidelines state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the claimant has attended what should have been a sufficient number of visits of postop PT and there is no clinical evidence of significant improvement with these visits. Over an extensive period of time, his symptoms and findings essentially have remained unchanged. Despite this, he was cleared to return to light duty in early July 2014. There is no evidence that he remains unable to continue and complete his rehab with an independent HEP. There is no indication that continuation of supervised exercises is likely to provide him with significant or sustained benefit that he cannot achieve on his own. The medical necessity of this request for continuation of postop PT for the cervical spine for 12 visits is not medically necessary.

Follow up with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The history and documentation support/do not objectively support the request for follow up with [REDACTED], a surgeon. The MTUS chapter 7 states if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. The MTUS chapter 8 states referral for surgical consultation is indicated for patients who have: -Persistent, severe, and disabling shoulder or arm symptoms -Activity limitation for more than one month or with extreme progression of symptoms -Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short-

and long-term -Unresolved radicular symptoms after receiving conservative treatment The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehabilitation (PM&R) specialist may help resolve symptoms. In this particular case, the claimant's condition is not highly complex and there is no evidence that he is likely to require additional surgery. It is not clear why this type of consultation has been deemed necessary. Therefore, the medical necessity of a referral to [REDACTED] a surgeon, is not medically necessary.