

Case Number:	CM14-0051858		
Date Assigned:	07/07/2014	Date of Injury:	01/17/2011
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 worker is a 62 year old female who sustained an injury to her neck on 01/17/11. Mechanism of injury was not documented. MRI of the cervical spine without contrast dated 04/06/12 revealed C3-4 and C4-5 disc herniation without impingement or significant stenosis; C5-6 and C6-7 secondary disc and facet change with disc herniations and resulting severe canal and lesser neural foraminal stenosis; multilevel secondary disc and facet changes contributed to canal and neural foraminal stenosis. Clinical note dated 02/27/14 reported that the injured worker presented with complaints of pain and soreness of the neck radiating to the right shoulder described as mild and frequent. Physical examination noted subluxation of the C6 and C7 segments, T6, T7, and T8 segments, sacrum, pelvis, L4-5 segments; posture analysis revealed all findings were within normal limits, including leg length. Symptoms were slowly improving with treatment and the provider stated to continue with treatment plan records indicated that the injured worker had been approved for at least 24 chiropractic visits to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 initial postoperative physical therapy visits for the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Physical therapy (PT).

Decision rationale: Basis for denial of the previous request was not provided for review. Records indicate that the injured worker has been approved for at least 24 chiropractic manipulation treatment visits to date. The injured worker is over three years post date of injury and it was reported that she has received physical therapy in the past that provided some benefit; however, there was no information provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the patient's response to any previous conservative treatment. There was no indication as to what surgical procedure was performed. There was no additional significant objective clinical information provided for review that would support exceeding the Official Disability Guidelines recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 18 initial postoperative physical therapy visits for the cervical spine is not indicated as medically necessary and appropriate.