

Case Number:	CM14-0057481		
Date Assigned:	07/09/2014	Date of Injury:	07/07/2011
Decision Date:	10/10/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 Texas. 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 57 year old male injured on 07/07/11 due to an undisclosed mechanism of injury. The current diagnoses include medial meniscal tear of the left knee, left C6 and C7 radiculopathy, L3-4 disc degeneration, L3-5 facet arthropathy, C5-T1 disc degeneration, and C5-T1 stenosis. The injured worker is status-post left knee surgery for meniscal repair on 10/04/13 and status-post C5-T1 anterior cervical discectomy and fusion with cage and instrumentation, partial corpectomy on 02/19/14. Clinical note dated 04/02/14 indicates the injured worker presented complaining of neck pain with some numbness in the left index finger rated at 7/10, increasing low back pain rated at 7/10, and improved right knee pain rated at 7/10. Physical examination of the cervical spine revealed tenderness of the paracervical muscles, base of the neck, sensation intact in bilateral upper extremities, orthopedic testing of the cervical spine revealed local pain, radial pulse palpable bilaterally, motor strength 5/5 to bilateral upper extremities, and deep tendon reflexes 2+ to bilateral upper extremities. Medications include Restoril, Xanax, Phenergan, Imitrex, Norco, Zanaflex, OxyContin, and Cymbalta. The documentation indicates the injured worker would benefit from physical therapy focused on range of motion, stabilization, strengthening of cervical spine post-operatively 3 times a week for 6 weeks with transitioning to home exercise program. The initial request for 3 times 6 of physical therapy to the cervical spine was initially non-certified on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for six (6) weeks to the cervical spine for a total of eighteen (18) sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 24 visits over 16 weeks for the post-operative treatment of cervical discectomy/fusion plus active self-directed home physical therapy. The clinical documentation indicates the patient underwent cervical discectomy with fusion on 02/19/14 indicating the need for post-operative physical therapy. As such, the medical necessity of twelve physical therapy visits for the cervical spine is recommended as medically necessary at this time.