

Case Number:	CM14-0078692		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2013
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 Illinois. 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 60-year-old male who reported an injury on 05/02/2013 due to continuous trauma while performing normal job duties. The injured worker reportedly sustained an injury to his cervical spine. The injured worker was evaluated on 04/14/2014. It was noted that the injured worker had pain complaints of the neck, low back, and persistent headaches. The injured worker's treatment history included chiropractic care, physical therapy, pain management, and multiple medications. Physical findings included a positive bilateral straight leg raise test, a positive facet loading test and Spurling's test of the cervical spine. The exam also documented tenderness to palpation over the paraspinal musculature. The injured worker's diagnoses included cervicgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, hip pain, ilioinguinal neuralgia, chronic pain syndrome, and opioid dependence. The injured worker's treatment plan included continued medications, continued participation in a home exercise program, and follow-up with a spine surgeon for anterior cervical discectomy and fusion. The request was made for postoperative physical therapy of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The requested Postoperative physical therapy of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone spine surgery or that spine surgery is scheduled. The California Medical Treatment Utilization Schedule (MTUS) does support the use of physical medicine in the postoperative treatment of a fusion of the cervical spine. The request does not clearly identify a duration of treatment. MTUS recommends 24 visits of postsurgical physical therapy for a cervical fusion. The appropriateness of the request cannot be determined, as there was a lack of documentation. Therefore, the requested postoperative physical therapy of the cervical spine is not medically necessary or appropriate.