

Case Number:	CM14-0079436		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2013
Decision Date:	08/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of April 12, 2013. A utilization review determination dated May 6, 2014 recommends noncertification of physical therapy for the cervical spine 2x6. Noncertification was recommended due to a lack of clarity regarding how many physical therapy sessions were performed previously as well as a lack of documentation that the patient would be unable to participate in a self-directed home exercise program. A progress report dated June 20, 2014 identifies subjective complaints of neck pain rated as 7/10 radiating into both upper extremities. The patient also complains of shoulder pain and low back pain. The patient is attending physical therapy 2 times a week which helps increase his range of motion and strength as well as lessen his pain. Physical examination identifies range of motion decreased with weakness in wrist extensors bilaterally. Diagnoses include status post anterior cervical discectomy and fusion, lumbar radiculopathy, chronic headaches, and musculoligamentous sprain/strain of both shoulders. The treatment plan recommends an epidural steroid injection and continuing with physical therapy for the lumbar spine 2 times per week for 6 weeks. A progress report dated May 16, 2014 identifies physical examination findings of spasm and tenderness around the cervical spine with normal strength. The treatment plan request postoperative physical therapy for the cervical spine 2 to 3 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) for Cervical Spine, 2 x 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends a maximum of 24 visits over 16 weeks for post surgical treatment following fusion surgery. Within the documentation available for review, The patient's physical examination with regards to the cervical spine is nearly normal. There is no documentation of specific ongoing objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of clarity regarding those issues, the current request for physical therapy for the cervical spine is not medically necessary.