

Case Number:	CM14-0079598		
Date Assigned:	07/18/2014	Date of Injury:	08/27/2011
Decision Date:	09/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 Maryland. 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 patient is a 30 year old with a work injury dated 8/27/11. The diagnoses include status post cervical fusion and cervical spine strain. Under consideration is a request for physical therapy 2 x 4 to neck / left shoulder. A 3/6/14 document states that on exam there are no sign of sedation. She is alert and oriented. Spasm and tenderness over the cervical spine is noted with decreased range of motion. A 1/30/14 progress note states that she remains symptomatic with significant neck pain but t reports improvement to some degree from course of physical therapy, however, additional ones requested by her surgeon have not been authorized. No sign of sedation. She is alert and oriented. Spasm and tenderness over the cervical spine paraspinous/ paravertebral area is noted. A 1/6/14 progress note states that the patient is now about 8 months after her posterior C5-6 revision fusion for a failed anterior cervical fusion, and she had a postoperative seroma that was drained as well at the time of her posterior surgery. She is continuing to show improvement, where she has pain which is intermittent and maximal 1/10 to 4/10. She has some trapezial and interscapular pain and no significant pain and arm symptoms. Her exam is nonfocal. She has slightly limited range of motion of her cervical spine. Otherwise no abnormalities. Per 12/17/13 documentation the patient had a malunion of the anterior fusion at C5-6. She underwent further surgery in the form of bilateral laminectomies and fusion with Instrumentation and bone graft on May 10, 2013. Post operatively she developed severe intractable pain and was taken back in the operating room on May 20, 2013 where she underwent evacuation of a seroma. On clinical examination, there is positive muscle rigidity and spasm along the trapezius musculature. There is mild tenderness along the trapezius, bilaterally- arid some decreased- motion in the neck. She is doing reasonably well post-surgery and continuous postoperative physical therapy concentrating on strengthening and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to Neck / Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The documentation submitted is not clear on how many postoperative visits of physical therapy the patient has had. The documentation does not indicate evidence of objective functional improvement from prior therapy. There are no therapy notes for review submitted. The patient should be versed in a home exercise program. Recent physical exam findings do not support a need for further supervised therapy. The request for Physical Therapy 2 x 4 to Neck / Left Shoulder is not medically necessary.