

Case Number:	CM14-0081949		
Date Assigned:	07/18/2014	Date of Injury:	04/24/2012
Decision Date:	08/27/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Orthopedic Sports Medicine, 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 injured worker is a 50-year-old male who sustained an injury to his neck on April 24, 2012. While holding the hood of a truck, two other trucks drove by causing the hood to pull back and then forward while he was hanging on to the hood handle. When this happened, his right arm was yanked back with great force. The injured worker noted that he instantly felt severe pain and electricity throughout his arm up to his head, and approximately 45 minutes later, he developed headache, dizziness and numbness in the arm. MRI was performed, and the injured worker was diagnosed with a torn rotator cuff and displaced disc in the cervical spine. A subsequent rotator cuff surgery in May or June of 2013 is noted. Cervical fusion was performed at C5-6 and C6-7. The injured worker was taken off work approximately ten days after the injury and has not returned since that time. The injured worker was referred for physical therapy and provided with medications. A physical examination noted cranial nerves two through twelve intact, no significant tenderness to palpation in the posterior cervical spine, and no palpable paravertebral muscle spasm in the cervical spine. In addition, notes from the exam indicated no kyphosis; flexion 40 degrees, extension 30 degrees, rotation 60 degrees bilaterally; neural foraminal compression testing positive on right side, negative left. The injured worker has completed at least 25 physical therapy visits as of May 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Outpatient Post-Operative Physical Therapy (PT) to the Cervical Spine, two (2) times per week over six (6) weeks: Upheld

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

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

Decision rationale: The request for additional outpatient post-operative physical therapy (PT) to the cervical spine, two (2) times per week over six (6) weeks, is not medically necessary. The basis for denial of the previous request was not provided for review. The injured worker has completed at least 25 post-operative physical therapy visits as of May 2014. The California MTUS recommends up to 24 visits over 16 weeks, not to exceed six months post-date of surgery. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the MTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for outpatient additional post-operative physical therapy (PT) to the cervical spine two (2) times per week over six (6) weeks is not indicated as medically necessary.