

Case Number:	CM14-0081982		
Date Assigned:	07/18/2014	Date of Injury:	05/02/2013
Decision Date:	09/19/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational Medicine 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 case of a 60-year-old male who has submitted a claim for cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, hip pain with degenerative joint disease and bursitis, Ilioinguinal neuralgia, chronic pain syndrome, opioid dependence and, left shoulder pain with glenohumeral ligament laxity associated with an industrial injury date of 05/02/2013. Medical records from 2013-2014 were reviewed. The patient complained about his headaches as well as pain in the neck and lower back. It is occasionally worse. There are no new symptoms to report, but medications are helping his pain. Straight leg raising test, Patrick's test, and facet loading tests were all noted to be positive. Sensation was noted to be decreased to light touch in the right leg. A strength testing was within normal limits. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular border, lumbar paraspinal musculature, sacroiliac joint region, and bilateral greater trochanteric bursa. There was also tenderness to palpation noted over the right groin. O'Brien's test was noted to be positive on the left shoulder. Anterior and posterior translation of the left shoulder was noted to be positive. The treatment to date has included medications, physical therapy, acupuncture therapy, home exercises, cervical epidural steroid injection, and chiropractic care and physiotherapy. The patient's medications taken have included Nucynta, Percocet, Neurontin, Ibuprofen, Trazodone, Lidoderm, Tylenol, Cymbalta and Ambien. The utilization review dated 05/08/2014 denied the request for post-op physical therapy. No rationale was documented. Medical records from 2013 - 2014 were reviewed. The patient complained about his headaches as well as pain in the neck and lower back. It is occasionally worse. There are no new symptoms to report, Medications are helping his pain. Straight leg raising test, Patrick's test, and facet loading tests were all noted to be positive. Sensation was noted to be decreased to light touch in the right leg. Strength testing was within normal limits.

There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, scapular border, lumbar paraspinal musculature, sacroiliac joint region, and bilateral greater trochanteric bursa. There was also tenderness to palpation noted over the right groin. O'Brien's test was noted to be positive on the left shoulder. Anterior and posterior translation of the left shoulder was noted to be positive. Treatment to date has included medications, physical therapy, acupuncture therapy, home exercises, cervical epidural steroid injection, and chiropractic care and physiotherapy. Medications taken has included Nucynta, Percocet, Neurontin, Ibuprofen, Trazadone, Liodermm, Tylenolm, Cymbalta and Ambien. Utilization review dated 05/08/2014 denied the request for post-op physical therapy. No rationale was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Postoperative Physical Therapy, 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.

Decision rationale: According to California MTUS Postsurgical Treatment Guidelines, 6 months of postsurgical physical medicine treatment period is recommended for post-discectomy and post-fusion after graft maturity. The following frequency and duration are recommended: 16 visits over 8 weeks for post-discectomy and 24 visits over 16 weeks post-fusion. In this case, the current treatment plan is anterior cervical discectomy and fusion for C3-C4, C4-C5, and C5-C6. However, utilization review from 05/08/2014 did not certify the surgical procedure due to lack of indication. Moreover, the request for physical therapy does not specify the frequency and duration. The clinical indication is not clearly established. Therefore, the request for physical therapy, cervical region is not medically necessary.