

Case Number:	CM14-0085554		
Date Assigned:	07/23/2014	Date of Injury:	05/29/2012
Decision Date:	09/12/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 female patient with a date of injury of May 29, 2012. A utilization review determination dated May 19, 2014 recommends non-certification of physical therapy three times a week for six weeks for the cervical spine. A progress note dated May 7, 2014 identifies subjective complaints of right arm radiculopathy that was improved with a C6 - C7 right sided foraminotomy, but with the exception of patchy numbness that the patient has gained back. The patient has sharp pain around the incision region when she moves her neck a certain way. The patient complains of limitations in terms of what she can do. Physical examination identifies giveaway weakness around the right deltoid, wound is well-healed, there is an apparent divot underneath the spinous muscle, the patient has point tenderness along the region of the divot. There is no list of diagnoses. The treatment plan recommends Lidoderm patches, recommendation that the patient work on postural adjustments and traction to reduce symptomology, the patient is a good candidate for an ACDF, and the patient should continue to take Cymbalta. There is a prescription dated May 7, 2014 for PT cervical traction evaluation and treatment 2-3 times per week for 6 weeks. There is a physical therapy daily note dated March 13, 2014, which indicates that the patient has had 31 visits the physical therapy with a recommendation to progress to therapeutic exercises for cervical stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for six (6) weeks Cervical Spine: 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): Page 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 physical therapy 3 times a week for 6 weeks for the cervical spine, 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. Within the documentation available for review, there is no indication from the requesting physician of any objective functional improvement from the therapy already provided, 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. Furthermore, the patient has completed 31 sessions of physical therapy and guidelines recommend a total 16 visits over 8 weeks for the patient's diagnosis. The current number of visits being requested, along with the number already completed, exceeds the maximum visits recommended by guidelines for the patient's diagnosis. In the absence of such documentation, the current request for physical therapy 3 times a week for 6 weeks for the cervical spine is not medically necessary.