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| Case Number: | CM13-0048962 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/09/2009 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 10/22/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury reported on 10/9/2009. On the 5/16/2013 follow-up report, he reported he was back to his normal activities, 6 months status-post surgery, and that he was having some difficulty with pain during the weekends when he is off work. The diagnoses were noted to include effusion of joint - site unspecified; and cervicalgia. Treatments to date have included consultations; diagnostic imaging studies; surgery (12/2012); an agreed medical examination and report (11/26/13); and medication management. The work status classification for this injured worker (IW) was noted to have been off work, temporarily totally disabled on his last visit on 8/9/2012, but as of the 11/26/2013 agreed medical re-examination report, he had returned to work, full time, without restrictions and was doing very well. Aside from the 5/16/2013 follow up report and the 11/26/2013 agreed medical re-evaluation report, no other medical records were available for my review. On 10/22/2013, Utilization Review (UR) non-certified, for medical necessity, the request, made on 5/16/2013, for physical therapy sessions, 3 x a week x 6 weeks, for cervicalgia; and for the stated purpose of strengthening, range-of-motion, a little massage and ultrasound treatments. The Medical Treatment Utilization Schedule, chronic medical treatment guidelines, physical therapy; and the Official Disability Guidelines, neck & upper back chapter, physical therapy guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for cervicalgia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Neck chapter and pg 40.

Decision rationale: According to the guidelines, most post-surgical therapy is recommended within the first 4 months after surgery an up to 24 visits. In this case, the claimant had undergone an anterior fusion and discectomy of C4-C4 and C5-C6 in October 2012. It has been several years since the injury and at least 8 months since surgery prior to therapy request. The amount of prior therapy completed is unknown. In addition, the MTUS guidelines recommend therapy in a fading frequency which can be later completed at home. The request for 18 sessions of physical therapy is not substantiated and therefore not medically necessary.