

Case Number:	CM14-0163966		
Date Assigned:	11/05/2014	Date of Injury:	11/09/2012
Decision Date:	01/02/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 New York. 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 47-year-old male with a date of injury of 11/09/2012. His mechanism of injury was a motor vehicle accident. His diagnoses included C4, C5, C6 spondylosis, stenosis, left upper extremity radiculopathy, cervical disc protrusion, and left C5-6 foraminal stenosis. His past treatments included 3 epidural steroid injections between 08/28/2013 and 11/20/2013, and acupuncture treatment. His diagnostic studies have included cervical x-rays on 11/12/2012 and 01/31/2014, and MRI of the cervical spine on 03/07/2013. His surgical history was not included in the medical record. In a clinical note dated 08/05/2014, he had complaints of pain rated at a 4/10. Upon physical examination the injured worker had a positive Spurling's on the left side. Cervical spine rotation and lateral bending were restricted by 252% on the left. His medications included OxyContin 10 mg and Norco 5/325. His treatment plan was for surgery, anterior cervical discectomy and fusion. The rationale for the request was not included in the medical record. The Request for Authorization form was not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times six (6) for cervical spine (CS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for Physical therapy times six (6) for cervical spine (CS) is not medically necessary. Per the clinical note dated 08/05/2014 the patient's cervical spine rotation and lateral bending were restricted by 25% on the left. The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific task or exercise. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 physical therapy visits over 4 weeks. There is a lack of documentation regarding the injured worker's prior course of physical therapy including the number of sessions of physical therapy previously completed as well as the efficacy of any prior physical therapy. Given the lack of documentation pertaining to the injured worker's prior course of treatment for the cervical spine, the requested sessions of physical therapy would not be indicated. Therefore, the request is not medically necessary.