

Case Number:	CM14-0184878		
Date Assigned:	11/12/2014	Date of Injury:	06/27/2008
Decision Date:	01/30/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 57 year old female with an injury date of 06/27/08. Based on the 07/11/14 progress report provided by treating physician, the patient complains of right upper extremity, shoulder and hand pain and numbness. Per treater report dated 04/29/14, patient is status post cervical spine laminectomy C3-7 with lateral fusion 02/28/14. Physical examination revealed diffuse hyperreflexia 3+. Increased jaw jerk. Positive C3. Positive Lhermitte's. Patient's face ashier and darker. Right bony prominence, tenderness to palpation clavicle. Tremor's of right hand. Patient's medications include Nortriptyline, Norco, Fioret, Meclizine and Amrix. Per progress report dated 09/19/14, patient has had 12 sessions of postoperative physical therapy until July 2014. Physical Therapy note dated 10/13/14 states patient has had 13 visits for the cervical spine until 07/09/14, and returns after 2 month absence. Per progress report dated 09/24/14, patient is permanent and stationary. Diagnosis 07/11/14- posttraumatic head syndrome-severe C-spine C3-7 (multi-level) myelopathy, status post 02/26/14 fusion- severe cervicogenic headaches The utilization review determination being challenged is dated 10/13/14. Treatment reports were provided from 02/26/14 - 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x4 Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical therapy (PT)

Decision rationale: The patient presents with right upper extremity, shoulder and hand pain and numbness. The request is for physical therapy 3x4 cervical. Per treater report dated 04/29/14, patient is status post cervical spine laminectomy C3-7 with lateral fusion 02/28/14. Patient's diagnosis on 07/11/14 included posttraumatic head syndrome and severe cervicogenic headaches. Patient's medications include Nortriptyline, Norco, Fioret, Meclizine and Amrix. Per progress report dated 09/24/14, patient is permanent and stationary. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Physical therapy (PT) section states: "Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks" The patient is no longer within postoperative treatment time frame. Per progress report dated 09/19/14, patient has had 12 sessions of postoperative physical therapy until July 2014. Physical Therapy note dated 10/13/14 states patient has had 13 visits for the cervical spine until 07/09/14, and returns after 2 month absence. The requested 12 sessions would appear reasonable given patient's postoperative status. However, treater has not provided reason for the request, and there is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, as the patient is no longer within postoperative treatment period, the request exceeds what is allowed by guidelines. Therefore the request is not medically necessary.