

Case Number:	CM14-0186396		
Date Assigned:	11/14/2014	Date of Injury:	10/01/2008
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, 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 49 year old female who sustained "multiple injuries" between 10/01/2007 - 10/01/2008 while employed as a laundry presser. Areas of injury are documented as neck, right shoulder, bilateral wrists, hands and low back. She last worked on July 27, 2010. She has a surgical history of right shoulder arthroscopy on August 5, 2011. No medical illness is reported. Current diagnoses are: Bilateral carpal tunnel syndrome, Cervical disc disease and disc protrusions at cervical 3-4, cervical 4-5 and cervical 5-6 levels with radiculopathy, Lumbar disc disease and disc herniation's at lumbar 5- sacral 1 with radiculopathy and Status post right shoulder arthroscopy on August 5, 2011. Since the time of her injury the injured worker has been seen by several different disciplines including orthopedics, neurosurgery and internist. She has received multiple tests including MRI, nerve conduction studies and x-rays. Treatment included rest, bracing and medications with some pain relief. Neurological evaluation dated 09/12/2014 documented the injured worker's symptoms and functional capacity had been deteriorating and recent studies (MRI) revealed evidence of cervical radiculopathy. Physical examination of the cervical spine revealed moderate tenderness with diminished range of motion in all planes. Surgery was recommended for nerve root decompression with post-op physical therapy of cervical spine. The surgical request was denied by utilization review. The request for 18 visits of post-operative physical therapy for the cervical spine was subsequently referred to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 visits of Post-operative Physical Therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker presents with chronic neck, shoulder and upper extremity pain and paresthesias. The current request is for 18 visits of post-operative physical therapy, for the cervical spine. While the postsurgical guidelines do allow for 16 visits over an 8 week period, the records would indicate that the injured worker did not have surgery. A further review of the records would indicate that the request for surgery to the cervical spine was also denied. The MTUS guidelines do allow for 8-10 visits over a period of four weeks. With this in mind the request exceeds the MTUS guidelines. For this reason this request is not medically necessary.