

Case Number:	CM14-0190594		
Date Assigned:	11/24/2014	Date of Injury:	05/14/2010
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 44-year-old female who reported an injury on 05/14/2010. The mechanism of injury was not stated. The current diagnoses include cervical degenerative disc disease, cervical radiculopathy, cervicgia, and cervical disc displacement. The injured worker presented on 10/01/2014 with complaints of 6/10 pain. The injured worker was status post C5-6 and C6-7 anterior cervical discectomy and fusion on 03/17/2014. Previous conservative treatment is noted to include physical therapy and medication management. The physical examination revealed a surgical scar, normal range of motion, tenderness to palpation of the paravertebral muscles, and intact sensation and motor strength. The injured worker was referred to physical therapy at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 12 additional visits for the neck: Upheld

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

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

Decision rationale: 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, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The injured worker has participated in a previous course of physical therapy for the cervical spine. There is no documentation of a significant functional limitation. The injured worker should be well versed in a home exercise program. The medical necessity for additional treatment has not been established. Therefore, the request is not medically appropriate.