

Case Number:	CM14-0046262		
Date Assigned:	07/02/2014	Date of Injury:	01/16/1998
Decision Date:	03/30/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 73-year-old [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 15, 1998. In a Utilization Review Report dated March 20, 2014, the claims administrator failed to approve a request for nine sessions of physical therapy for the cervical spine. The claims administrator referenced a March 5, 2014 progress note in its determination. The claims administrator noted that the applicant had undergone earlier cervical spine surgery at an unspecified point in time. Somewhat incongruously, the claims administrator invoked a variety of MTUS and non-MTUS Guidelines in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 19, 2014, the applicant reported persistent complaints of neck pain with radiation of pain to left arm. The applicant had retired and was no longer working, it was acknowledged. The applicant was status post cervical fusion surgery, it was noted. It was suggested (but not clearly stated) that the applicant had undergone cervical spine surgery on February 20, 2014. On March 12, 2014, the applicant was again described as status post multilevel cervical fusion surgery. The applicant had retired, it was stated.

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 3 weeks and evaluation of the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back (updated 3/7/14) Physical Therapy (PT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (3) Postsurgical Patient Management, (c) Postsurgical Treatment (fusion, after graft maturity):.

Decision rationale: No, the request for nine sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 24 sessions of treatment following cervical fusion surgery, as seemingly transpired here, this recommendation is, however, qualified by commentary in MTUS 9792.24.3.c.3 to the effect that pursuit of postoperative physical therapy/postoperative physical medicine is contingent on demonstration and/or documentation of functional improvement during the postoperative phase of the claim. Here, the attending providers handwritten March 12, 2014 note at issue was difficult to follow, not entirely legible, and do not establish how much treatment the applicant had received, what the response was, and what the goals were, going forward, behind the request for additional postoperative physical therapy. Therefore, the request was not medically necessary.