

Case Number:	CM14-0064706		
Date Assigned:	07/11/2014	Date of Injury:	08/01/2007
Decision Date:	12/21/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/07/2014

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 48 year old female, who sustained an industrial-work injury on 8-10-07. A review of the medical records indicates that the injured worker is undergoing treatment for cervical Herniated Nucleus Pulposus (HNP) and central canal stenosis and bilateral upper extremity myeloradiculopathy. Treatment to date has included pain medication, cervical epidural steroid injection (ESI) without benefit, physical therapy without benefit, activity modifications and other modalities. Medical records dated 2-28-14 indicate that the injured worker complains of occasional neck pain rated 8 out of 10 on the pain scale. This pain has remained unchanged from previous visit on 7-9-13. She is taking Norco and she is not attending physical therapy. Per the treating physician report dated 2-28-14 the injured worker is working full duties. The physical exam reveals cervical spasms and tenderness to palpation. There is decreased cervical range of motion. The motor strength in the upper extremities reveals weakness in the bilateral biceps, wrist extensors and wrist flexors. The physician indicates that the injured worker is a surgical candidate for anterior cervical discectomy and fusion and post-operative physical therapy is recommended. The requested service included Post-op physical therapy x 24 sessions. The original Utilization review dated 4-7-14 partially certified the request for Post-op physical therapy x 24 sessions certified to Post-op physical therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy x 24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The requested Post-op physical therapy x 24 sessions, is not medically necessary. CA MTUS Post-Surgical Guidelines, Neck and Upper Back, noted: "Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months." Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. The injured worker has occasional neck pain rated 8 out of 10 on the pain scale. This pain has remained unchanged from previous visit on 7-9-13. She is taking Norco and she is not attending physical therapy. Per the treating physician report dated 2-28-14 the injured worker is working full duties. The physical exam reveals cervical spasms and tenderness to palpation. There is decreased cervical range of motion. The motor strength in the upper extremities reveals weakness in the bilateral biceps, wrist extensors and wrist flexors. The physician indicates that the injured worker is a surgical candidate for anterior cervical discectomy and fusion and post-operative physical therapy is recommended. The requested service included Post-op physical therapy x 24 sessions. The original Utilization review dated 4-7-14 partially certified the request for Post-op physical therapy x 24 sessions certified to Post-op physical therapy x 12 sessions. The treating physician has not documented the medical necessity for post-op physical therapy beyond the recommended half of the total sessions in an initial treatment and then re-evaluation. The criteria noted above not having been met, Post-op physical therapy x 24 sessions is not medically necessary.