

Case Number:	CM15-0100962		
Date Assigned:	06/03/2015	Date of Injury:	02/14/2012
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 was a 54 year old male, who sustained an industrial injury, February 14, 2012. The injured worker previously received the following treatments Aspirin, Celebrex, Tylenol, Buspar, Clonazepam, Docusate, Lorazepam, Omeprazole, Polyethylene, Acetaminophen, Senna, Tramadol, Hydromorphone, Lumbar spine MRI, cervical spine MRI, pelvis, and hip MRI, right shoulder MRI, lumbar sympathetic ganglion block, cervical spine fusion C5, C6, C7 and home exercise program. The injured worker was diagnosed with right shoulder arthroscopy, left shoulder subacromial impingement with adhesive capsulitis and internal rotation contracture, right elbow recurrent lateral epicondylitis, right hip pain, cervicalgia, low back pain, lumbar facet degenerative disc disease and CRPS (complex regional pain syndrome). According to progress note of April 3, 2015, the injured workers chief complaint was recent C5, C6-C7 fusion on February 12, 2015. The injured worker had a postoperative infection and was receiving antibiotics. The injured worker had not received any postoperative physical therapy, occupational therapy or homecare after surgery. The physical exam noted tenderness of the cervical musculatures and trigger points with guarding. There were spasms of the cervical spine. The treatment plan included physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 15 sessions for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99; Post-operative Treatment Guidelines, Neck & Upper Back, Post-surgical treatment of Artificial Disc [DWC], pages 15-16.

Decision rationale: Record indicates the request for post-op PT has been modified for 12 initial physical therapy sessions as recommended by the post-surgical treatment guidelines. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 16 weeks for lumbar fusion with postsurgical physical medicine treatment period of 6 months. It appears the employee has received at least 12 therapy sessions without demonstrated evidence of complications or significant clinical findings or lack of ADL progress to allow for further additional therapy treatments prior to benefit identified. Submitted reports have not adequately demonstrated the indication to support further physical therapy and the patient should continue with focus on a functional restoration approach. The Physical therapy x 15 sessions for the cervical spine is not medically necessary and appropriate.