

Case Number:	CM15-0106763		
Date Assigned:	06/11/2015	Date of Injury:	05/01/2008
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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 is a 49 year old female who sustained an industrial injury on 5/1/08. The injured worker was diagnosed as having status post C5-C7 anterior fusion. Of note, several documents within the submitted medical records are difficult to decipher. Currently, the injured worker was with complaints of right upper extremity numbness. Previous treatments included status post open exploration debridement repair of medial flexors pronator muscle, status post left shoulder arthroscopy, status post right shoulder arthroscopy. Previous diagnostic studies included an electromyography and nerve conduction velocity study. The plan of care was for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 3 wks, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 10-11, 26.

Decision rationale: The patient presents with pain in the cervical spine, bilateral shoulders and bilateral elbows. The request is for physical therapy, 2 times weekly for 3 weeks, 6 sessions. Patient is status post cervical spine surgery 07/17/14. Physical examination to the cervical spine on 02/23/15 revealed tenderness to palpation over the cervical spinous processes and interspinous ligaments. There was cervical paravertebral muscle spasm. Range of motion was limited in all planes with pain. Patient's treatments have included medication, home exercise program, OrthoStim Unit, traction device, and cervical epidural injections. Patient's diagnosis, per 02/02/15 Request for Authorization Form includes post C sp C5-7 anterior fusion 7/17/2014. Patient's work status is modified duties. MTUS, Postsurgical Guidelines, pp 10-11 state, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery." "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth." MTUS Page 26, Post-surgical Treatment Guidelines, Neck and Upper Back, recommends the following: "Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater has not discussed this request. Patient suffers from pain in the cervical spine, bilateral shoulders and elbows is status post cervical fusion surgery 07/17/14. Review of the medical records provided did not indicate prior physical therapy treatments. Given the patient's condition, a short course of therapy would be indicated. In this case, the request for 6 sessions of physical therapy to the cervical spine appears reasonable and is supported by the guidelines. Therefore, it is medically necessary.