

Case Number:	CM15-0017765		
Date Assigned:	02/05/2015	Date of Injury:	10/08/2013
Decision Date:	04/02/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona
 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 38-year-old male who reported an injury on 10/08/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include history of cervical spine fusion, weakness of the left hand, and cervicgia. The injured worker presented on 01/19/2015 for a neurosurgery consultation. It is noted that the injured worker underwent an uncomplicated C6-7 ACDF on 10/15/2013. The injured worker recovered well, however noticed weakness in the left hand. The injured worker was treated with cervical epidural steroid injections on 06/27/2014 and 02/06/2015. The injured worker presented with complaints of ongoing neck pain and stiffness. The current medication regimen includes gabapentin and hydrocodone. It was also noted that the injured worker was actively participating in physical therapy. Upon examination, there was slightly limited cervical range of motion with diminished motor strength in the left upper extremity and intact sensation. Recommendations at that time included additional physical therapy. A Request for Authorization Form was then submitted on 01/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 times per week for 12 weeks for the cervical spine and left arm/hand:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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. In this case, it is noted that the injured worker is actively participating in physical therapy. There is no documentation of significant functional improvement. The injured worker continues to present with complaints of ongoing neck pain and stiffness. Additionally, the request for 24 sessions of physical therapy would exceed guideline recommendations. Given the above, the request is not medically appropriate at this time.