

Case Number:	CM15-0148990		
Date Assigned:	08/12/2015	Date of Injury:	04/12/2013
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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 47-year-old female, who sustained an industrial injury on 4-12-2013. She reported that boxes of stocked merchandise fell over and struck her back and right side of her body. The injured worker was diagnosed as having status post cervical fusion on 1-26-2015. Treatment to date has included diagnostics, cervical spinal surgery, unspecified physical therapy, and medications. Currently, the injured worker complains of neck pain, rated 7 out of 10, with numbness and tingling to the right arm. She also reported lumbar spine pain, rated 6 out of 10, with radiation to the right leg. Exam of the cervical spine noted limited range of motion, mildly decreased sensation at C5-C6 on the right, and spasm to the upper trapezius. Medication regimen was not documented but included Norco. The treatment plan included post-operative physical therapy for the neck, 2 x 6. She was not working. Physical therapy progress notes were not submitted and it is unclear the amount of post-operative physical therapy sessions were completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post op physical therapy 2 times a week for 6 weeks to the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
 Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The patient was injured on 04/12/13 and presents with lumbar spine pain and neck pain with numbness/tingling to the right arm. The request is for post-op physical therapy 2 times a week for 6 weeks to the neck. There is no RFA provided and the patient's current work status is not provided either. The utilization review denial letter indicates that the patient has had prior physical therapy; however, there is no indication of when this post-op therapy occurred, how it impacted the patient's pain and function, or how many total sessions the patient had. MTUS Guidelines, Postsurgical Treatment Neck & Upper Back, page 26 allows for 24 visits over 16 weeks for a cervical spine fusion. The postsurgical time frame is 6 months. The patient has a limited cervical spine range of motion and mild decreased sensation at C5-C6. She is diagnosed with s/p cervical fusion (01/26/15). Treatment to date includes diagnostics, cervical spinal surgery, unspecified physical therapy, and medications. In this case, the patient has had prior post-op physical therapy. It is unclear how many sessions total the patient had, when these sessions occurred, or how these sessions impacted the patient's pain and function. In this case, physical therapy cannot be warranted without knowing how many sessions of therapy the patient had prior to this request. MTUS Guidelines for physical therapy are based on the number of physical therapy sessions. Without specifying the total number of sessions the patient has already had, the request cannot be verified to be in accordance with MTUS Guidelines. Furthermore, there is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. The requested physical therapy is not medically necessary.