

Case Number:	CM15-0181373		
Date Assigned:	09/22/2015	Date of Injury:	06/14/2013
Decision Date:	10/27/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58-year-old female who sustained an industrial injury on 6/14/13. Injury occurred while she was working as a labor and delivery RN and a large aluminum firewall partition came down and struck her on the left side of her forehead and neck and right shoulder. She underwent anterior cervical discectomy and fusion at C4-C7 on 5/28/14. The 11/25/14 cervical spine x-rays showed revealed solid anterior and posterior fusion at C5/6 and C6/7, but at C4/5 there was possible lucency at the facet joint posteriorly and some loosening around the superior screws. There was incomplete fusion at C4/5. The 12/16/14 treating physician report noted the injured worker had attended 5 to 6 sessions of physical therapy with increased pain so she had discontinued her participation. The injured worker was to continue her home exercise program. The 1/20/15 treating physician report indicated that the injured worker had undergone a cervical spine CT scan with considerable streak artifacts which made the study inconclusive and visualization of the implants was prevented by artifact. The 5/5/15 treating physician report cited constant grade 8/10 neck pain radiating into the bilateral upper extremities specifically to the shoulders, with associated numbness and tingling to the fingers, cervical muscle spasms, and headaches. She also reported constant grade 7-8/10 right knee pain with catching, clicking and giving way. Cervical spine exam documented tenderness and spasms, and positive Spurling's and cervical compression tests. Knee exam documented swelling, positive patellofemoral grind, medial joint line tenderness, crepitus with range of motion, and positive McMurray's. Knee symptoms were reported recalcitrant to conservative treatment. The treatment plan recommended right knee arthroscopy with associated surgical requests. There was no treatment planned for the cervical spine. She subsequently underwent right knee surgery on 5/28/15. The 8/25/15 treating physician report cited complaints of frequent grade 6-7/10 neck pain radiating into both upper

extremities, left worse than right, with numbness and tingling in the fingertips, and a one-week history of left hand pain. She was status post right knee arthroscopy on 5/28/15 with intermittent moderate right knee pain and associated swelling and occasional buckling. Physical exam documented unsteady gait, slight right knee edema, slight right quadriceps weakness, and limited right knee flexion. The diagnosis included status post ACDF at C4-C7 on 5/28/14 with residuals, right upper extremity radiculopathy, and possible pseudoarthrosis at C4/5. The treatment plan recommended continued post-op physical therapy for the right knee and physical therapy for the left hand. The injured worker had less than 12 visits of post-operative physical therapy following her cervical fusion surgery and additional therapy was recommended. Authorization was requested for post-operative physical therapy for the cervical spine, twice weekly for 4 weeks (8 sessions). The 9/9/15 utilization review non-certified the request for 8 sessions of post-operative physical therapy for the cervical spine. The rationale indicated that post-op physical therapy for the May 2014 surgery had been discontinued in December 2014 due to increased pain. There was no documentation of a current flare-up or increase in neurologic deficit to support additional physical therapy over a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy for the cervical spine, twice weekly for four weeks (eight sessions total): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This injured worker was 15 months status post C4-C7 anterior cervical discectomy and fusion at the time of this request. She complained of persistent neck pain radiating into the upper extremities with numbness and tingling to the fingertips. There was no current functional assessment or physical exam documented relative to the cervical spine. There was no evidence of a specific functional deficit or functional treatment goal to support the request for additional physical therapy to the cervical spine. There was no compelling rationale to support the medical necessity of supervised physical therapy over continuation of her independent home exercise program. Therefore, this request is not medically necessary.