

Case Number:	CM15-0185069		
Date Assigned:	09/25/2015	Date of Injury:	09/17/2009
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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, Oregon, Washington
 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:

The injured worker is a 55 year old male who sustained an industrial injury on 09-17-2009. Medical records indicated the worker was treated for multiple traumas after a motor vehicle accident where he was rendered unconscious and sustained serious injuries to the cervical, thoracic, and lumbar regions. Operative notes of 05-06-2015 describe an anterior cervical discectomy and fusion C6-7, C7-T1 done for diagnoses of C6-7 and C7-T1 disc herniations, bilateral foraminal stenosis and nerve compression at C6-7 and C7-T1, severe mechanical axial neck pain and arm radiculopathies. A Primary Treating Physician's Progress Report (PR2) of 08-18-2015 described activity dependent neck pain rating 8 on a scale of 10 with right shoulder and elbow pain also rated 8 on a scale of 10. Objectively the worker had extreme tenderness to the right elbow, right shoulder and cervical spine. The treatment plan included continuation of post-op therapy for the cervical spine. A request for authorization was submitted for Post-op physical therapy for the cervical spine. A utilization review decision 08-31-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op physical therapy for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: According to CA MTUS guidelines 16 total postoperative PT visits are authorized after ACDF: "Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks". In this case the patient has completed 24 sessions of postoperative PT after cervical surgery (per note from 9/15/15). Thus the patient has exceeded the recommended number of postoperative PT visits and the recommendation is not medically necessary.