

Case Number:	CM15-0197480		
Date Assigned:	10/16/2015	Date of Injury:	01/26/2011
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 57 year old male, who sustained an industrial injury on 1-26-11. The injured worker was diagnosed as having cervical disc disease and C5-C6 radiculopathy to the left. Subjective findings (4-11-13, 5-16-13) indicated numbness and tingling in the neck that radiates into the left upper extremity. Objective findings (4-11-13, 5-16-13) revealed decreased cervical range of motion, decreased sensation over the left C6 dermatome and a positive Spurling's sign. As of the PR2 dated 8-13-15, the injured worker reports pain in his neck. There was no physical examination. The treating physician recommended a two-level rhizotomy at C5-C6 and C6-C7. There was only this progress note from the requesting physician. Treatment to date has included an EMG of the cervical spine and upper extremities on 7-8-11, a cervical epidural injection on 3-20-13, a cervical radiofrequency ablation at left C4, C5, C6 and C7 on 1-29-14, a cervical MRI on 6-9-15 showing multilevel degenerative changes, Celebrex and Gabapentin. The Utilization Review dated 9-15-15, modified the request for post-op physical therapy 3 x weekly for 4 weeks for the cervical spine to post-op physical therapy x 8 sessions for the cervical spine.

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, 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back-Physical therapy (PT).

Decision rationale: Post operative physical therapy for the cervical spine, 3x4 is not medically necessary per the MTUS Guidelines and the ODG. The ODG recommends for post-injection treatment 1-2 PT visits over 1 week. The MTUS recommends up to 10 visits for neuritis. The documentation does not reveal any extenuating circumstances which would necessitate 12 supervised therapy visits. Additionally, it is not clear how many prior cervical PT sessions the patient has had and the outcome given a work injury dating back to 2011. The request for postoperative physical therapy 3 x 4 is not medically necessary.