

Case Number:	CM15-0199668		
Date Assigned:	10/15/2015	Date of Injury:	08/11/1998
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 64-year-old who has filed a claim for chronic neck, knee, and shoulder pain reportedly associated with an industrial injury of August 11, 1998. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve request 12 sessions of physical therapy. The claims administrator referenced a September 29, 2015 office visit and September 30, 2015 RFA form in its determination. The claims administrator contended the applicant had had 12 documented physical therapy treatments through the date of the request. The claims administrator seemingly invoked the MTUS Chronic Pain Medical Treatment Guidelines in its determination, despite that fact that the applicant was still within the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier cervical spine surgery of April 21, 2015. The applicant's attorney subsequently appealed. On said RFA form dated September 30, 2015, 12 sessions of physical therapy were sought for the cervical spine. On associated progress note dated September 29, 2015, the applicant reported ongoing complaints of neck pain. The applicant had undergone an earlier neck surgery in 1999, the treating provider, and had, moreover, undergone another cervical fusion surgery on April 21, 2015, the treating provider stated. The applicant was using a TENS wave and an H-wave device, the treating provider reported. The applicant had been deemed "permanently and totally disabled," the treating provider. The applicant had also received acupuncture. An additional 12 sessions of physical therapy were sought while the applicant was seemingly kept off of work. It was not stated how therapy the applicant had had through the date of the request. The applicant had apparently transferred care from a previous primary treating provider, the treating provider reported on this date. The treating provider stated that the applicant had various comorbidities to include borderline diabetes, dyslipidemia, hypertension, smoking, and irritable bowel syndrome, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for post-surgical PT (2x week for 6 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

Decision rationale: Yes, the request for 12 sessions of physical therapy is medically necessary, medically appropriate, and indicated here. The applicant was still seemingly within the six-month Postsurgical Physical Medicine Treatment period established in the MTUS 9792.24.3 as of the date of the request, September 29, 2015, following an earlier cervical spine surgery on April 21, 2015. Per the claims administrator's Utilization Review reports, the applicant had had 12 sessions of postoperative physical therapy through the date of the request. The MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of postoperative physical therapy following cervical fusion surgery, as transpired here, and further stipulates in MTUS 9792.24.3.c2 that the medical necessity for postsurgical physical medicine treatment for any given applicant is contingent on applicant specific factors such co-morbidities, prior pathology and/or surgery involving the same body part, nature, number, and/or complexity of surgical procedures undertaken, presence of surgical complications, and applicant's essential work functions, etc. Here, the attending provider stated September 29, 2015, the applicant had undergone two prior cervical surgeries and had a variety of co-morbidities including diabetes, dyslipidemia, hypertension, and irritable bowel syndrome, it was reported. Additional treatment on the order that proposed was, thus, indicated, given the multiple prior surgeries involving the cervical spine, the fact that the request was seemingly in-line with MTUS parameters, and the applicant's various co-morbid medical conditions. Therefore, the request is medically necessary.