

Case Number:	CM15-0028269		
Date Assigned:	02/20/2015	Date of Injury:	11/29/2010
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 female, who sustained an industrial injury on 11/29/2010. On provider visit dated 01/20/2015 the injured worker has reported neck pain that radiates to low back when turning to left side. On examination she was noted to have spasms in the trapezii long both sides of the incision, tenderness around incision itself, atrophy and some dehiscence in that area and has not developed good posterior stability yet. The diagnoses have included status post C5-C6 left sided foraminotomy 09/17/2014 and failed neck surgery with a history of three previous operations with significant residuals. Treatment to date has included medication and home exercise program. On 02/05/2015 Utilization Review non-certified 12 to 18 physical therapy sessions to the cervical spine, 2 to 3 times a week for 6 weeks. The CA MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 to 18 physical therapy sessions to the cervical spine, 2 to 3 times a week for 6 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: 12 to 18 physical therapy sessions to the cervical spine, 2 to 3 times a week for 6 weeks is not medically necessary per the MTUS Guidelines. The MTUS recommends transitioning of physical therapy to an active self directed home exercise program. The MTUS Post Surgical guidelines recommend up to 16 visits for this surgery. Per documentation the patient was already approved for 16 visits. A request for another 12-18 would further exceed this recommendation. The documentation does not reveal objective physical therapy documents indicating functional improvement from prior therapy sessions. There are no extenuating circumstances requiring another 12 to 18 supervised therapy visits. The request for further physical therapy is not medically necessary.