

Case Number:	CM15-0213736		
Date Assigned:	11/03/2015	Date of Injury:	07/27/2012
Decision Date:	12/16/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

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

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 61 year old male, who sustained an industrial-work injury on 7-27-12. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical fusion and cervicalgia. Treatment to date has included pain medication, cervical spine surgery, and physical therapy at least 18 sessions for the cervical spine, off of work and other modalities. The physician indicates that computerized axial tomography (CT scan) of the cervical spine dated 4-25-14 reveals significant cervical spondylosis. The MRI of the cervical spine dated 11-13-13 reveals loss of intervertebral disc height, left disk extrusion, which encroaches, severely on exiting left T1 nerve root, broad based disk bulge, and mild spinal canal stenosis. Medical records dated 8-11-15 indicate that the injured worker complains of persistent numbness in the left arm with weakness in the left thumb. He has intermittent flare-up of his neck pain with stiffness. There is radiation of pain to the left upper extremity with numbness and weakness. The physician indicates that the pain is worsening and rated 4 out of 10 on the pain scale. Per the treating physician report dated 8-11-15 work status is temporarily totally disabled. The physical exam of the cervical spine reveals decreased and limited range of motion. The physician indicates that the recommendation is physical therapy for recent flare-up of his symptomology. The request for authorization date was 9-25-15 and requested service-included Physical therapy, cervical spine for flare-ups, 8 sessions. The original Utilization review dated 10-6-15 non-certified the request for Physical therapy, cervical spine, 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, cervical spine, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

Decision rationale: The claimant sustained a work injury in July 2012 when he has chest and left arm pain while riding a motorbike and underwent a multilevel anterior cervical decompression, fusion, and cervical disc replacement at C4/5 in January 2015. Case notes reference completion of 18 post-operative physical therapy treatments. When seen, he had persistent left arm numbness and weakness of the thumb. He was having intermittent flare-ups of neck pain with stiffness. Physical examination findings included a positive Tinel's sign at the elbow bilaterally. There was hand muscle atrophy and decreased 4th and 5th finger sensation with weak grip. There was limited range of motion. Electrodiagnostic testing and additional physical therapies were requested. After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to revise or reestablish the claimant's home exercise program. Additional diagnostic testing has been requested and, clinically, the claimant has a diagnosis of left cubital tunnel syndrome, which would not be treated with additional post-operative therapy for the cervical spine. The request is not medically necessary.