

Case Number:	CM15-0219639		
Date Assigned:	11/12/2015	Date of Injury:	09/08/2014
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male-female, who sustained an industrial-work injury on 9-8-14. The injured worker was diagnosed as having cervical stenosis, cervical intervertebral disc derangement, cervical spondylotic myelopathy, and cervical radiculopathy. Treatment to date has included medication: Gabapentin and Ibuprofen; surgery (status post C3-7 laminoplasty, laminectomies with foraminotomies on 5-8-15), psychological treatment, diagnostics, and physical therapy. Currently, the injured worker complains of neck pain rated 5 out of 10, bilateral upper extremity numbness and weakness. Per the primary physician's progress report (PR-2) on 10-2-15, exam noted an antalgic gait, normal strength, some dysdiadochokinesia in the left upper extremity, absent sensation in bilateral L5 and right S1 dermatome, and C5 dermatome, absent biceps, brachioradialis, and triceps reflexes bilaterally, positive Hoffman's sign on the right but negative on the left, 3+ patellar reflexes and 4+ gastrocnemius reflexes bilaterally with positive clonus. The Request for Authorization requested service to include Physical therapy 2 times a week for 2 weeks, Aquatic therapy 2 times a week for 2 weeks, and Nutritional consult. The Utilization Review on 10-13-15 denied the request for Physical therapy 2 times a week for 2 weeks, Aquatic therapy 2 times a week for 2 weeks, and Nutritional consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 2 weeks: Overturned

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): Low Back.

Decision rationale: The patient presents with neck pain, bilateral upper extremity numbness and weakness. The request is for physical therapy 2 times a week for 2 weeks. The request for authorization form is dated 10/02/15. The patient is status post C3-C7 decompression via laminoplasty and decompressive laminectomies and foraminotomies, 05/08/15. Patient's diagnoses include cervical stenosis; cervical intervertebral disc derangement; cervical spondylosis; cervical radiculopathy. Physical examination reveals a well-healed, midline posterior cervical incision with no evidence of erythema, edema, discharge or dehiscence. He has no ankylosis. He has no kyphotic, scoliotic or lordotic deformities. He has some mild spasms. He has a right antalgic gait. He has a mild gait ataxia when he attempts to walk quickly. He is unable to toe walk on the right side. He is able to tandem gait for a short distance, although he continues to have some difficulties. His motor strength is 5/5 to all muscle groups, except for the right biceps, which is graded at 4/5. He has normal bulk and tone in all muscle groups with no evidence of atrophy or abnormal movements. He continues to have some dysdiadochokinesia in the left upper extremity. He also has absent pinprick sensation in bilateral C5 dermatome. He has absent biceps, brachioradialis, and triceps reflexes bilaterally. He has a positive Hoffmann's sign on the right. Per work status report dated 10/02/15, the patient to remain off work. MTUS post-surgical guidelines, Neck & Upper Back Section recommends: "Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months" Per progress report dated 10/02/15, treater's reason for the request is "He is continuing to undergo therapy; however, the therapy is recommended additional physical therapy." In this case, the patient is within the postsurgical treatment period. And patient continues with neck pain. Given the patient's condition, continued short course of Physical Therapy would appear to be indicated. Review of over 500 pages of records does not show any therapy reports to verify how many treatments and with what results were accomplished. MTUS supports 16 visits over 8 weeks. The request for 4 visits of Physical Therapy appears reasonable for this postsurgical condition. Therefore, the request is medically necessary.

Aquatic therapy 2 times a week for 2 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: The patient presents with neck pain, bilateral upper extremity numbness and weakness. The request is for aquatic therapy 2 times a week for 2 weeks. The request for authorization form is dated 10/02/15. The patient is status post C3-C7 decompression via laminoplasty and decompressive laminectomies and foraminotomies, 05/08/15. Patient's diagnoses include cervical stenosis; cervical intervertebral disc derangement; cervical spondylotic myelopathy; cervical radiculopathy. Physical examination reveals a well-healed, midline posterior cervical incision with no evidence of erythema, edema, discharge or dehiscence. He has no ankylosis. He has no kyphotic, scoliotic or lordotic deformities. He has some mild spasms. He has a right antalgic gait. He has a mild gait ataxia when he attempts to walk quickly. He is unable to toe walk on the right side. He is able to tandem gait for a short distance, although he continues to have some difficulties. His motor strength is 5/5 to all muscle groups, except for the right biceps, which is graded at 4/5. He has normal bulk and tone in all muscle groups with no evidence of atrophy or abnormal movements. He continues to have some dysdiadochokinesia in the left upper extremity. He also has absent pinprick sensation in bilateral C5 dermatome. He has absent biceps, brachioradialis, and triceps reflexes bilaterally. He has a positive Hoffmann's sign on the right. Per progress report dated 10/02/15, the patient to remain off work. MTUS, Aquatic Therapy Section, page 22 states: Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy -including swimming- can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. MTUS post-surgical guidelines, Neck & Upper Back Section recommends: "Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months." Per progress report dated 10/02/15, treater's reason for the request is "He continues to have some balance difficulties, although it is slowly improving. They are recommending a combination of aqua therapy alternating with land therapy." In this case, the patient is within the postsurgical treatment period. And patient continues with neck pain. Given the patient's condition, a short course of Aquatic Therapy would appear to be indicated. Review of over 500 pages of records does not show any therapy reports to verify how many treatments and with what results were accomplished. MTUS supports 16 visits over 8 weeks. The request for 4 visits of Aquatic Therapy appears reasonable for this postsurgical condition. Therefore, the request is medically necessary.

Nutritional consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, Introduction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127.

Decision rationale: The patient presents with neck pain, bilateral upper extremity numbness and weakness. The request is for nutritional consult. The request for authorization form is dated 10/02/15. The patient is status post C3-C7 decompression via laminoplasty and decompressive

laminectomies and foraminotomies, 05/08/15. Patient's diagnoses include cervical stenosis; cervical intervertebral disc derangement; cervical spondylotic myelopathy; cervical radiculopathy. Physical examination reveals a well-healed, midline posterior cervical incision with no evidence of erythema, edema, discharge or dehiscence. He has no ankylosis. He has no kyphotic, scoliotic or lordotic deformities. He has some mild spasms. He has a right antalgic gait. He has a mild gait ataxia when he attempts to walk quickly. He is unable to toe walk on the right side. He is able to tandem gait for a short distance, although he continues to have some difficulties. His motor strength is 5/5 to all muscle groups, except for the right biceps, which is graded at 4/5. He has normal bulk and tone in all muscle groups with no evidence of atrophy or abnormal movements. He continues to have some dysdiadochokinesia in the left upper extremity. He also has absent pinprick sensation in bilateral C5 dermatome. He has absent biceps, brachioradialis, and triceps reflexes bilaterally. He has a positive Hoffmann's sign on the right. Per progress report dated 10/02/15, the patient to remain off work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Per progress report dated 10/02/15, treater's reason for the request is "for dietary recommendations and counseling." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Nutritional Consult. Per the same progress report, treater states, "Therapy is also indicating the patient is not eating well. He is losing energy by the end of the day." Given the patient's symptoms, a Nutritional Consult may contribute to improved management of symptoms. Therefore, the request is medically necessary.