

Case Number:	CM15-0035468		
Date Assigned:	03/03/2015	Date of Injury:	07/28/2007
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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 45 year old female, who sustained an industrial injury on July 28, 2007. The diagnoses have included status post disc replacement, cervical disc bulges and radiculopathy. A progress note dated December 1, 2014 provided the injured worker complains of residual right shoulder pain with improved neck and upper extremity pain. Physical exam notes cervical brace and that surgical incision is healing well with minimal pain on palpation. On February 2, 2015 utilization review non-certified a request for additional post-operative physical therapy two times six for the cervical spine. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-operative physical therapy two times six for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Based on the 12/01/14 progress report provided by treating physician, the patient presents with improved postoperative neck pain, improved upper extremity pain and residual right posterior shoulder pain rated 8-10/10. The request is for ADDITIONAL POST-OP PHYSICAL THERAPY 2X6 C/S. Patient is status post anterior cervical discectomy and decompression, C5-6, per operative report dated 08/06/14. Patient's diagnosis per Request for Authorization form dated 10/23/14 includes herniated nucleus pulposus and radiculopathy. Patient medications include Gabapentin, Tramadol, Tylenol #4, and Lidocaine patch. Treatment to date have included anti-inflammatories, physical therapy for the past two years, and epidural injection in August 2013. Patient has been off-work since 2007, per treater report dated 12/01/14. The MTUS Page 26, Post-surgical Treatment Guidelines, Neck and Upper Back, recommends the following: "Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks *Postsurgical physical medicine treatment period: 6 months. In this case, the patient's discectomy was on 08/06/14 and the RFA is dated 10/23/14, thereby indicating that patient is still within the postoperative treatment period of 6 months. Treater has not provided reason for the request, nor a precise treatment history. Given the patient's postsurgical status, physical therapy would be indicated. However, UR letter dated 02/02/15 states "...the patient has attended 13 physical therapy sessions to date." The request for additional 12 sessions of physical therapy would exceed what MTUS allows for the patient's condition. Therefore, the request IS NOT medically necessary.