

Case Number:	CM15-0048503		
Date Assigned:	03/20/2015	Date of Injury:	09/22/2007
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/13/2015

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 57-year-old who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of December 22, 2007. In a Utilization Review Report dated February 23, 2015, the claims administrator failed to approve a request for 36 sessions of physical therapy for the cervical spine. The claims administrator stated that it was issuing a six-session partial approval, however. The claims administrator stated that the applicant had obtained a revision cervical fusion surgery. The claims administrator stated that the applicant had had received approval for 12 prior treatments, of which only four had been completed. The claims administrator did not, however, state when the surgery in question had transpired. The claims administrator referenced an RFA form of February 16, 2015 and a progress note of February 13, 2015 in its determination. The applicant's attorney subsequently appealed. On March 9, 2015, the applicant reported ongoing complaints of shoulder pain status post left shoulder surgery on April 4, 2013. The applicant was status post cervical fusion surgery in June 2014, the treating provider reported. The applicant reported difficulty performing household chores, dressing herself, driving, sleeping, and the like. The applicant seemingly last worked in 2007, it was suggested in another section of the note. The applicant remained dependent on a variety of analgesic medications, including Norco, Prilosec, Xanax, Fioricet, and Zanaflex, it was stated. The applicant was using dietary supplements, it was stated in another section of the note. The applicant was placed off of work, on total temporary disability, on this occasion. The applicant had received physical therapy as recent as February 20, 2015, it was noted in a physical therapy progress note of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy x36 visits, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Neck & Upper Back Procedure Summary last updated 11/18/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Guidelines Page(s): 8; 99.

Decision rationale: No, the request for additional physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. Per a progress note of March 9, 2015, the applicant had undergone earlier cervical spine surgery in June 2014. The applicant was, thus, outside of the six-month postsurgical physical treatment period established in MTUS 9792.24.3 as of the date of the request, February 13, 2015. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. The 36-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The applicant remained dependent on a variety of analgesic and adjuvant medications, including Norco, Fioricet, Xanax, Zanaflex, etc. No clear goals for further physical therapy treatment were outlined. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.