

Case Number:	CM15-0050068		
Date Assigned:	03/23/2015	Date of Injury:	12/01/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/17/2015

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 who sustained an industrial injury on December 1, 2010. He has reported neck pain and has been diagnosed with cervical facet syndrome, disc disorder cervical, and cervicgia. Treatment has included medications, surgery, and physical therapy. In a recent progress report noted a cervical spine surgical scar. There was no tenderness noted. The treatment request included postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 2 x 6 for the Cervical Spine: Upheld

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

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

Decision rationale: The patient presents with neck pain. The patient is status post cervical decompression and laminectomy from 10/29/2014. The physician is requesting POSTOPERATIVE PHYSICAL THERAPY 2 TIMES 6 FOR THE CERVICAL SPINE. The

RFA dated 02/20/2015 shows a request for additional physical therapy sessions 2 times per week for 6 weeks, 12 sessions total. The patient's date of injury is from 12/01/2010, and he is currently on modified duty. The MTUS Postsurgical Physical Medicine Guidelines page 26 on Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. The patient's surgery is from 10/29/2014 and is within post-surgical guidelines. The physical therapy report from 01/28/2015 show visit #6 which it showed postural dysfunction and soft tissue restrictions causing pain and limited function. Postural awareness is improving. The patient is to continue with his home exercise program and self scar mobilization. The 02/19/2015 progress report notes that the patient has received a total of 11 sessions of physical therapy recently. In this case, the requested 12 additional sessions when combined with the previous 11 that the patient received would exceed MTUS Postsurgical Guidelines. MTUS recommends a total of 16 visits over 8 weeks. The request IS NOT medically necessary.