

Case Number:	CM15-0081906		
Date Assigned:	05/04/2015	Date of Injury:	02/01/2011
Decision Date:	06/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 43 year old female sustained an industrial injury to the neck, bilateral shoulders, bilateral upper extremity, lumbar spine and left knee on 2/1/11. The injured worker underwent cervical fusion on 4/3/14. The injured worker received postoperative physical therapy. Documentation did not disclose the number of physical therapy sessions. In a PR-2 dated 4/10/15, the physician noted that the injured worker had quite a bit of stiffness and spasm in the left side of the neck, upper trapezius and parascapular muscles. The physical therapist recommended additional physical therapy, noting that the injured worker had not been able to tolerate strengthening exercises, which was the neck step. Current diagnoses included chronic left cervical spine radiculopathy and status post C5-7 fusion. The treatment plan included six additional physical therapy 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 Qty 6 (unspecified frequency): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical spine #6 (unspecified frequency) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic left cervical radiculopathy; and status post C5 - C7 ACDF on April 3, 2014. According to progress note dated April 10, 2015, the injured worker admits to significant improvement in physical therapy. The injured worker continues to complain of left side neck stiffness and spasm. A November 14, 2014 progress note shows the treating provider requested an 'additional' 12 physical therapy sessions. The total number of physical therapy sessions is unclear based on the documentation. There are no physical therapy progress notes in the medical record documentation. There is no documentation of objective functional improvement associated with prior physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with objective functional improvement from prior physical therapy, the specific number of physical therapy sessions from surgery through the present and compelling clinical facts indicating additional physical therapy is warranted, physical therapy cervical spine #6 (unspecified frequency) is not medically necessary.