

Case Number:	CM15-0083252		
Date Assigned:	05/05/2015	Date of Injury:	09/09/2012
Decision Date:	06/16/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 injured worker is a 36-year-old male, with a reported date of injury of 09/09/2012. The diagnoses include pseudoarthrosis of the cervical fusion, multilevel cervical disc protrusion, and cervical radiculopathy. Treatments to date have included computerized tomography (CT) scan of the cervical spine, physical therapy, an MRI of the cervical spine, cervical epidural steroid injection, and extracorporeal shockwave therapy. The spine re-examination dated 03/24/2015 indicates that the injured worker continued to complain of neck pain. The physical examination of the cervical spine showed tenderness to palpation over the paraspinal musculature; normal lordosis; limited rotation; limited extension; no tenderness to palpation over the spinous processes; and diminished sensation over the left C6 dermatome. The treating physician requested post-operative physical therapy for the cervical spine. On 04/02/2015, Utilization Review (UR) denied the request since the surgical procedure was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy for the cervical spine, twice a week for 8 weeks: 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: In this case, the patient's physician had submitted a request for procedure for fusion of the cervical spine. The postsurgical treatment for cervical spinal fusion is 24 physical medicine visits over 16 weeks with postsurgical physical medicine treatment period of 6 months. The request for authorization for cervical spinal fusion was denied. Therefore, postoperative physical therapy is not medically necessary. The request should not be authorized.