

Case Number:	CM15-0086158		
Date Assigned:	05/08/2015	Date of Injury:	03/12/2013
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/05/2015

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 38-year-old male, with a reported date of injury of 03/12/2013. The diagnoses include C6-C7 disc herniation, cervical radiculopathy, and status post bilateral shoulder rotator cuff repair. Treatments to date have included an MRI of the cervical spine on 03/30/2015 which showed mild spondylosis, disc desiccation, and no evidence of signal abnormality within the central cord; and an MRI of the right shoulder on 03/06/2015. The orthopedic examination report dated 04/01/2015 indicates that the injured worker returned with no improvement in his symptoms. The treating physician had previously recommended cervical and shoulder MRIs. The physical examination of the cervical spine showed tenderness to palpation over the paraspinal musculature, normal lordosis, normal range of motion, no tenderness to palpation over the spinous processes, and negative Hoffman and Romberg's signs. There was diminished sensation over the C7 dermatomes. It was noted that the injured worker was status post rotator cuff repair with persistent neck pain, which radiated to both upper extremities with radicular complaints and disc herniation. The treating physician recommended an anterior cervical discectomy and fusion. The treating physician requested post-operative physical therapy for the cervical spine.

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 times a week for 8 weeks for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-operative Treatment Guidelines, Neck & Upper Back, Post-surgical treatment of Artificial Disc [DWC], pages 15-16; Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months.

Decision rationale: Although the Post-surgical treatment of PT allow for Post-surgical treatment of 24 therapy visits (with initial 12) over 4 months with Post-surgical physical medicine treatment period of 6 months, the requested cervical spine surgery was non-certified without any new information or indication submitted for post-operative PT at this time. The Post-operative physical therapy 2 times a week for 8 weeks for the cervical spine is not medically necessary and appropriate.