

Case Number:	CM15-0088724		
Date Assigned:	07/16/2015	Date of Injury:	01/23/2014
Decision Date:	08/11/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female who sustained an industrial injury on 01/23/2014. There was no mechanism of injury documented. The injured worker was diagnosed with cervical spondylosis and cervical radiculopathy. The injured worker is status post anterior cervical discectomy and fusion at C5-C6 on December 16, 2014. Treatment to date has included diagnostic testing with recent cervical spine X-rays on March 20, 2015, surgery followed by 8 completed post-operative physical therapy session, additional 8 approved and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience neck pain radiating down the right trapezius and right sided facial pain. The injured worker reports her elbow and right hand pain have decreased since surgery. Her average daily pain was noted at 4/10. Gait, coordination, deep tendon reflexes, sensory and motor strength in all four extremities were intact. Current medications are listed as Norco 7.5/325mg and Paxil. Treatment plan consists of continuing with physical therapy, medications and the current request for additional physical therapy twice a week for 4 weeks to the thoracic and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 x 4 (cervical and thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 98 and 99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary online version.

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

Decision rationale: The claimant has a remote history of a cumulative trauma work injury with date of injury in May 2005 and continues to be treated for chronic pain. Diagnoses include CRPS and she is also being treated for depression. When seen, she appeared fatigued. She was having severe mouth and jaw pain attributed to pain medications. The claimant has had psychological treatments since at least 2012 with case notes referencing in excess of 100 treatment sessions. In this case, although the claimant has a diagnosis of CRPS, there were no documented physical examination findings in the records submitted for review that would confirm or refute this diagnosis. The claimant sustained a work injury in January 2014 and continues to be treated for radiating neck pain. She underwent an anterior cervical decompression and fusion in December 2014. She had physical therapy prior to surgery including completion of 26 sessions. As of 06/02/15 she had completed 47 treatments. She was being seen one-two times per week for aquatic therapy and for strengthening exercises. She was receiving ultrasound treatments. When seen, she was 5.5 months status post surgery. She was having right shoulder pain and ongoing burning. She was continuing to take Norco. She had not returned to work. Physical examination findings included a BMI of nearly 43. There was an otherwise normal examination without cervical spine tenderness or report of any strength or sensory deficit. Post surgical treatment after the claimant's surgery includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the claimant had completed 21 treatments since surgery. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/ appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to reestablish finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.