

Case Number:	CM14-0120472		
Date Assigned:	08/06/2014	Date of Injury:	01/20/2010
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in General Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48 year old male with a reported date of injury on January 20, 2010. The most recent progress note and exam is dated March 18, 2014. The note on this date is hand written and largely illegible; however the note from February 12, 2014 clearly documents pain on a scale of 7/10. Sixty percent of the pain is cervical and 40 percent is in the upper extremities. The pain is unchanged from the March 2014 visit. The injured worker described pain as an aching and stabbing sensation towards the midline in the posterior cervical region. The upper extremity has burning, pins and needles, and numbness extending in an ulnar distribution to the little and ring finger. The diagnoses are listed as cervical spine pain, cervical radiculitis, post-laminectomy syndrome, cervical, and disc degeneration. The treatment plan at that time was to provide interlaminar epidural steroid injection to help control the injured workers pain. The injured worker is noted to have post-laminectomy syndrome, however the date of this procedure is unknown. It is also unknown if the injured worker actually completed physical therapy after the laminectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) Physical Therapy Sessions for Neck and Shoulders: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical Therapy

Decision rationale: The claimant is noted to have cervicalgia following an alleged industrial injury and its subsequent treatment has included surgery. The date of surgery is not discussed in the materials supplied nor is there any discussion of the post-surgical physical therapy afforded this claimant and its outcome. If one assumes that the claimant has had previous post-operative Physical Therapy and has only now become diagnosed with Post laminectomy Syndrome, the 18 sessions as requested is in excess of the ODG recommendations of 10 sessions of physical therapy for that disorder. Therefore the request for 18 sessions is not medically necessary.