

Case Number:	CM14-0146868		
Date Assigned:	09/12/2014	Date of Injury:	03/19/2012
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 patient is a 56-year-old male with a date of injury of 03/19/2012. The listed diagnoses per [REDACTED] are: 1. Status post C1-C2 posterior fusion, 04/19/2012. 2. Revision cervical fusion, 11/12/2013. 3. Brachial neuritis or radiculitis. 4. Neck pain/strain. 5. Thoracic sprain/strain. According to progress report 08/15/2014, the patient presents with complaints of weakness and pain. The treater states postop therapy has been helpful. Cervical spine revealed decreased range of motion. This progress report is the only progress report provided for review and is handwritten and illegible. The treater is requesting additional physical therapy to the cervical spine. Utilization review denied the request on 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy , cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient is status post cervical spine surgery. The treater is requesting additional physical therapy for the cervical spine. The treater provides one progress report for

review. This report is handwritten and grossly illegible. MTUS for postoperative therapy of the neck recommends 24 visits over 16 weeks for postsurgical treatment of fusion. Review of the medical file indicates the patient participated in 41 postoperative physical therapy sessions. The treater is requesting additional 2 times a week for 4 weeks of therapy. However, he does not discuss why the patient would not be able to transition into a self-directed home exercise regimen. Furthermore, the treater's request for additional therapy exceeds what is recommended by MTUS. Recommendation is for denial.