

Case Number:	CM14-0179021		
Date Assigned:	11/03/2014	Date of Injury:	10/01/2008
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Interventional spine 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 50 year old with an injury date on 10/1/08. Patient complains of constant right shoulder pain rated 8/10, increasing cervical pain, and bilateral wrist/hand pain with numbness/tingling/weakness per 8/18/14 report. Patient wakes up at night with tingling in hands, but wearing wrist braces help per 8/18/14 report. Based on the 8/18/14 progress report provided by [REDACTED] the diagnoses are: 1. Bilateral carpal tunnel syndrome 2. Cervical disc disease and disc protrusions at C3-4, C4-5, and C5-6 level with radiculopathy 3. Lumbar disc disease and disc herniations at L5-S1 with radiculopathy 4. S/p right shoulder arthroscopy 8/5/11 with [REDACTED] Exam on 8/18/14 showed "diminished C-spine range of motion, diminished right shoulder range of motion. Diminished sensation to light touch over median nerve distribution as well as C5-C8 dermatomal distribution. Loss of normal cervical lordosis" Patient's treatment history includes bracing, rest, medications, shoulder surgery. [REDACTED] is requesting post-operative physical therapy. The utilization review determination being challenged is dated 10/14/14 and denies request for ACDF due to lack of documentation of sufficiently detailed physical exam, and a 10/28/14 utilization review determination denies ACDF due to lack of MRI confirming herniations, lack of conservative therapy, and denies physical therapy since the surgery is denied. [REDACTED] is the requesting provider, and he provided treatment reports from 2/17/14 to 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: This patient presents with right shoulder pain, neck pain, and bilateral wrist/hand pain. The treater has asked for post-operative physical therapy on 8/18/14, concurrently with request for ACDF with instrumentation per 10/14/14 utilization review letter. A subsequent utilization review letter clarified the request as ACDF at levels C3-C6, and postoperative physical therapy 18 visits. A 8/27/14 cervical MRI shows herniation of 2m at C3-4, herniation of 1.4mm at C4-5, and herniation of 2.9mm at C5-6. Regarding cervical fusion/surgery, ACOEM Guidelines p180 states, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated." In this case, while the patient presents with significant and persistent neck and arm symptoms, MRI does not show disc herniation with nerve root or spinal cord compression requiring decompression/fusion surgery. MRI showed only disc bulges at multiple levels and the reports do not document any instability, dislocation/fractures or spondylolisthesis issues for which fusion surgery would be indicated. The requested post-operative therapy is not supported as the requested C-spine surgery has not been authorized. The request is not medically necessary.