

Case Number:	CM14-0098936		
Date Assigned:	07/28/2014	Date of Injury:	08/25/1999
Decision Date:	09/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 Nevada. 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 records presented for review indicate that this 68-year-old female was reportedly injured on August 25, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated a positive Spurling's test and tenderness along the trapezius and rhomboids with muscle spasms. There was pain with cervical spine range of motion. Additional chiropractic care and physical therapy was recommended. Diagnostic imaging studies of the cervical spine noted postoperative changes of a cervical fusion from C4-C6, with mild central stenosis at the lower levels as well as multiple levels of foraminal stenosis and facet arthropathy. Previous treatment included chiropractic care and acupuncture. A request had been made for 12 physical therapy sessions for the cervical spine and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial Physical Therapy sessions for the cervical spine (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine;. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 6, p. 106, 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.3 Post Surgical Treatment Guidelines, California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: A review of the attached medical record indicated that the injured employee previously participated in at least 21 sessions of chiropractic care and six sessions of acupuncture treatment. Additionally the injured employee has almost certainly participated in postoperative physical therapy after her cervical spine surgery. Considering the magnitude of treatment the injured employee has received, it is unclear why additional physical therapy is recommended. Without additional justification, this request for 12 visits of physical therapy for the cervical spine is considered not medically necessary.