

Case Number:	CM14-0213532		
Date Assigned:	12/31/2014	Date of Injury:	05/13/2013
Decision Date:	02/27/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery

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 male who has submitted a claim for cervical disc displacement, cervical spondylosis with myelopathy, cervicgia, brachial neuritis and nephropathy associated with an industrial injury date of 5/13/2013. Medical records from 2014 were reviewed. The patient reported resolved symptoms of bilateral upper extremity radiculopathy, numbness and weakness status post cervical discectomy and fusion of C4-C7 on 7/22/2014. Physical examination showed motor strength of 5/5, normoreflexia, absent for tenderness and well-healed incisions over the cervical spine. Treatment to date has included cervical discectomy and fusion of C4-C7 on 7/22/2014, nine post-operative physical therapy sessions and medications. The utilization review from 12/12/2014 denied the request for post-operative physical therapy twelve sessions to the cervical spine because of incomplete documentation concerning number of sessions completed and improvements attained from therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy twelve sessions to the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: CA MTUS Post-Surgical Treatment Guideline recommends post-operative physical therapy for 16 visits over 8 weeks for cervical discectomy / laminectomy. Initial course of therapy means one half of the number of visits specified in the general course of therapy. With documentation of functional improvement, a subsequent course of therapy shall be prescribed. In this case, the patient underwent cervical discectomy and fusion of C4-C7 on 7/22/2014 and had completed nine post-operative physical therapy sessions. The most recent progress report documented that the patient's symptoms had resolved. The examination was likewise insignificant for any physical impairment. There is no clear indication for continuing therapy sessions at this time. Moreover, the requested number of visits exceeds the guideline recommendation in this case. Therefore, the request for Post-Operative Physical Therapy twelve sessions to the cervical spine is not medically necessary.