

Case Number:	CM15-0012752		
Date Assigned:	01/30/2015	Date of Injury:	10/25/2000
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male who reported an injury on 10/25/2000. His diagnoses included status post decompression and fusion, corpectomy and instrumentation, anterior and posterior cervical spine with significant residuals; status post repeat posterior decompression with residuals; chronic protrusion and stenosis of the lumbosacral spine at L2 through S1; chronic persistent left C3-4 radiculopathy per EMG; status post anterior cervical decompression and fusion 08/13/2013; postoperative muscle atrophy. The progress report dated 12/22/2014 indicated the injured worker had complaints of severe neck pain, as well as bilateral upper extremity radiculopathy. He stated his pain was localized in the trapezius region, and he was noted to have significant rigidity in the trapezius musculature. Examination revealed improved cervical spine range of motion by 25% with physical therapy. The patient was participating in physical therapy, but had to discontinue due to glaucoma surgery. His medications included Norco 10/325 mg and MS Contin 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Physical Therapy; Brachia Neuritis or Radiculitis NOS

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

Decision rationale: The request for physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation regarding objective functional improvement from previous physical therapy. It is noted the injured worker has participated in 37 sessions of physical therapy. This exceeds the guidelines recommended number of sessions, which is 9 to 10 visits. The guidelines indicate that home exercise program should be used as an extension of the treatment process. Therefore, the request for physical therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary.