

Case Number:	CM15-0115558		
Date Assigned:	06/23/2015	Date of Injury:	04/07/2013
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female, who sustained an industrial injury on 04/07/2013. The injured worker reported neck pain with dizziness and sensation of weakness in the left arm after assisting the patient she was caring for during a transfer. On provider visit dated 05/14/2015 the injured worker has reported low back and mid back pain. On examination of the injured worker was noted to have a limited range of motion with mid thoracic and lumbar region. The diagnoses have included status post C5-C7 anterior cervical discectomy and fusion, neck and radiating left arm pain and C7 radiculopathy, C6-7 foraminal stenosis and T10-11 right thoracic disc herniation with chronic chest pain. Treatment to date has included physical therapy and medication. The provider requested physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck (12 visits): Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustained a work-related injury in April 2013 and underwent an anterior cervical decompression and fusion in January 2015. She continues to be treated for pain in the thoracic and lumbar spine. When seen, she was 3 months status post surgery. Her strength and sensation were slowly improving. X-rays showed progression of the fusion. She was referred for physical therapy. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The request is well within guideline recommendations and medically necessary.