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| Case Number: | CM15-0116125 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 08/15/2008 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial/work injury on 8/15/08. He reported initial complaints of cervical spine pain. The injured worker was diagnosed as having cervical disk disease, cervical radiculopathy, cervical stenosis and cervical degeneration, and conversion disorder. Treatment to date has included medication, soft tissue mobilization, H-wave, surgery (anterior cervical discectomy and fusion on 8/25/14) and physical therapy (24 sessions since neck surgery on 8/25/14). X-Rays results were reported on 4/2/15 documented stable anterior cervical spinal fusion in good alignment from C5-C7. Currently, in the primary physician's progress report (PR-2) on 4/2/15 the injured worker complained of continued neck pain rated 8/10 and affected sleep. There was occasional hand numbness. Additionally there was left hip pain. On examination there was normal gait, range of motion, muscle tone, and sensation. The cervical surgical incision is healed. Current plan of care included x-rays and physical therapy. The requested treatments include 8 additional physical therapy sessions, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional physical therapy sessions, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-surgical Treatment Guidelines for Neck & Upper Back; Physical Medicine Page(s): Part 1 pg 26, Part 2 pg 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy initiated for post-surgical treatment after cervical discectomy/laminectomy is 16 visits over 8 weeks with post-surgical physical medicine treatment period of 6 months and for post-surgical treatment after cervical fusion (after graft maturity) is 24 visits over 16 weeks with post-surgical physical medicine treatment period of 6 months. Additionally the PT program should be tailored to allow for fading of treatment. The provider has requested more physical therapy but did not provide any reason for more therapy sessions than is recommended by the MTUS. The request for frequency and number of PT sessions are not medically necessary and has not been established.