

Case Number:	CM15-0118587		
Date Assigned:	06/26/2015	Date of Injury:	04/11/2013
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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 55-year-old female who sustained an industrial injury on April 11, 2013. She has reported injury to the cervical spine and has been diagnosed with status post C4-7 laminoplasty and right shoulder impingement. Treatment has included medications and physical therapy. There was decreased swelling to the cervical spine. There was slight tightness to the center of the spine into the base of the head. There was still pain and limited range of motion to the right shoulder with clicking. There was pain to the right hand. The treatment request included physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x3 for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2013 and continues to be treated for neck pain. She underwent a cervical spine decompression and fusion on 12/15/14. As of 05/06/15, she had completed 30 therapy treatments. She was steadily increasing her daily activity. She had restricted right shoulder, cervical spine, and first rib mobility. A home exercise program is referenced. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 34 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the number of additional visits requested is in excess of that recommended or what might be expected to finalize her home exercise program. The request was not medically necessary.