

Case Number:	CM15-0144922		
Date Assigned:	08/05/2015	Date of Injury:	06/27/2011
Decision Date:	10/02/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii

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 47 year old female, who sustained an industrial injury on 6-27-2011. Diagnoses include herniated nucleus pulposus at C6-C7 with right C7 radiculitis and radiculopathy by magnetic resonance imaging (MRI) as well as electrodiagnostic criteria, and status post right shoulder arthroscopy and rotator cuff repair. Treatment to date has included surgical intervention of the right shoulder (rotator cuff repair 5-28-2014) followed by postoperative physical therapy, as well as diagnostics including MRI and electrodiagnostic studies, modified activity, medications, cervical epidural steroid injections and physical therapy. Per the Secondary Treating Physician's Progress Report dated 6-23-2015, the injured worker reported constant headaches and constant neck pain rated as 9 out of 10 with radiation to the bilateral upper extremities all the way down to the bilateral hands with associated numbness and tingling. Physical examination of the cervical spine revealed flexion of 20 degrees, extension of 5 degrees, right lateral bend 5 degrees and left lateral bend 10 degrees. Cervical compression test was positive. The plan of care included surgical intervention (anterior discectomy and fusion) and authorization was requested for 24 postoperative physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 post operative physical therapy visits: Upheld

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

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

Decision rationale: The patient presents with pain affecting the head and neck with radiation to the bilateral upper extremities. The current request is for 24 post operative physical therapy visits. The treating physician report dated 6/23/15 (59B) states; the patient will require postoperative rehabilitative physical therapy with a total of 24 visits. The report goes on to state; the patient is considered a candidate for anterior cervical discectomy and fusion at C6-C7 level. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. The patient is status post right shoulder arthroscopy and rotator cuff repair on 5/28/14 (3B) and is no longer within the post-surgical treatment period established by the MTUS-PSTG. The patient has not yet been authorized for a cervical discectomy and fusion and therefore the current request does not fall under the MTUS-PSTG. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 24 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, the current request does not specify a location to be addressed during physical therapy and therefore it does not satisfy the MTUS or MTUS-PST guidelines. The current request is not medically necessary.