

Case Number:	CM15-0173631		
Date Assigned:	09/15/2015	Date of Injury:	04/25/2012
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 25, 2012. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy. The claims administrator referenced an August 7, 2015 office visit in its determination. The claims administrator noted that the applicant had seemingly undergone cervical spine surgery, the date of which was seemingly erroneously reported as "December 12, 2015." The applicant's attorney subsequently appealed. On February 12, 2015, the applicant underwent a multilevel cervical spine surgery to ameliorate preoperative diagnosis of multilevel cervical degenerative disk disease. On August 7, 2015, the attending provider sought authorization for what was framed as additional postoperative physical therapy for the cervical spine. In an associated work status report of August 7, 2015, the applicant was given a rather proscriptive 10-pound lifting limitation. In an associated progress note of August 7, 2015, it was suggested that the applicant had alleged development of neck pain secondary to cumulative trauma associated with clerical work. The applicant was on Coumadin, verapamil, and losartan-hydrochlorothiazide, it was reported. The applicant's BMI was 21. Work restrictions were endorsed. The applicant was asked to pursue additional physical therapy for the neck. It was not clearly stated whether the applicant was or was not working at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks for the cervical spine and left shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, physical therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: No, the request for an additional 9 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The attending provider's August 7, 2015 progress note framed the request as a request for postoperative physical therapy for the cervical spine following earlier multilevel cervical spine surgery of February 12, 2015. The applicant was still within the 6-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier cervical spine surgery of February 12, 2015 as of the date of the request, August 7, 2015. Here, however, the attending provider August 7, 2015 progress note did not clearly state how much prior postoperative physical therapy the applicant had had through the date of the request. MTUS 9792.24.3.c4 further stipulates that the frequency of physical therapy furnished shall be gradually reduced or discontinued as an applicant gains independence with management of symptoms and with achievement of functional goals. Here, the attending provider did not furnish a clear or compelling rationale for such a lengthy, protracted 9-session course of physical therapy at the 5-month, 3-week mark of the date of surgery. It was not clearly stated why the applicant could not transition to self-directed home-based physical medicine as of the relatively late date in the postsurgical physical medicine treatment period on which the request was initiated, August 7, 2015. MTUS 9792.24.3.c4b further stipulates that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period of an applicant and/or cases where no functional improvement is demonstrated. Here, the applicant's work and functional status were not clearly detailed on August 7, 2015. It was not clearly stated whether the applicant was or was not working with a rather proscriptive 10-pound lifting limitation in place. Therefore, the request was not medically necessary.