

Case Number:	CM15-0174200		
Date Assigned:	09/16/2015	Date of Injury:	12/16/2013
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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 35 year old female who sustained an industrial injury on 12-16-13. She is being treated for neck and back pain. Diagnoses include: left C7 radiculopathy with myelopathy and intractable pain. Progress report dated 8-12-15 reports continues to improve after cervical discectomy and fusion with autologous iliac grafting and micro-surgical technique done on 11-18-14. The incisions are well healing. Plan of care is to request physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 3x6 (18 Visits) Modalities Moist Heat, Ultrasound, Massage and Whirlpool for The Neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in December 2013 and underwent a cervical fusion in November 2014. She had post-operative physical therapy beginning in

February 2015 with completion of more than 20 sessions as of April 2015. When seen, her surgical incisions had healed. There was tenderness over the hip donor bone graft site. She was having modest hand tingling. An additional 18 physical therapy treatments are being requested. After the surgery performed, guidelines recommend up to 24 visits over 16 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.