

Case Number:	CM15-0179581		
Date Assigned:	09/28/2015	Date of Injury:	01/14/2014
Decision Date:	12/03/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 01-14-2014. A review of the medical records indicates that the worker is undergoing treatment for carpal tunnel syndrome bilaterally, cervical strain, lumbar spine strain and status post C4-C5 anterior cervical discectomy and fusion. The injured worker underwent C4-C5 anterior cervical discectomy and fusion on 05-14-2015. X-rays of the cervical spine on 05-22-2015 were noted to show hardware in good position with no loosening or migration. Subjective complaints (06-22-2015 and 07-13-2015) included persistent 8 out of 10 neck pain radiating to the shoulders, bilateral shoulder pain that was rated as 8-9 out of 10, bilateral wrist and hand pain rated as 9 out of 10 and 9 out of 10 low back pain that was worsening. Objective findings (06-22-2015 and 07-13-2015) revealed decreased range of motion of the bilateral shoulders, tenderness over the acromioclavicular joint space, positive Hawkin's and impingement sign bilaterally, decreased range of motion of the wrists, positive Tinel's and Phalen's tests, decreased sensation over the median nerve distribution of the right hand, decreased bilateral grip strength, decreased range of motion of the lumbar spine, tenderness and decreased strength and sensation in the L4 and L5 bilaterally. Subjective complaints (08-07-2015) included neck and shoulder pain that had improved dramatically.

Objective findings (08-07-2015) were within normal limits. Treatment has included pain medication, cervical collar and a home exercise program. The physician noted that physical therapy of the cervical spine would be requested for range of motion and strengthening. There was no documentation that any previous post-operative physical therapy for the cervical spine had been performed. A utilization review dated 09-01-2015, non-certified a request for 12 physical therapy, 2x6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy, 2x6 weeks for the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cervical Spine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: According to the guidelines, up to 24 sessions of physical therapy are appropriate within 4 months after surgery for a cervical fusion. In this case, it has been 3.5 months since surgery. There is no evidence of prior therapy. As a result, the request for 8 sessions of physical therapy is appropriate. Therefore, the requested treatment is medically necessary.