

Case Number:	CM15-0179953		
Date Assigned:	09/21/2015	Date of Injury:	04/20/2014
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
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: Pennsylvania, Ohio, California
 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 60 year old female, who sustained an industrial injury on April 20, 2014. The injured worker is diagnosed as having post anterior cervical decompression and fusion at C5-C6 with residuals. Her work status is temporary total disability. Currently, the injured worker complains of frequent, moderately severe post-operative neck pain that radiates to the left upper extremity with associated limited range of motion. The pain is rated at 7 on 10. She reports intermittent moderate left shoulder pain associated with stiffness and is rated at 4 on 10. She also reports difficulty with speech, as well as symptoms of anxiety, depression, stress and insomnia. Physical examinations dated June 8, 2015-July 13, 2015 reveals a slow and disrupted speech pattern, the cervical spine has mild improvement in range of motion. The left shoulder reveals restricted range of motion and there is mild weakness and a slight sensory deficit is noted in the left upper extremity. Treatment to date has included x-rays, MRI, urine toxicology screen and the medications Soma and topical creams. A physical therapy note dated April 24, 2015 (session 17 of 24) reveals decreased pain and increased strength, range of motion and functional ability after treatment and one dated May 18, 2015 (session 23 of 24) states slow progression secondary to pain. The final physical therapy note dated May 21, 2015 (session 24 of 24) revealed increased strength, range of motion and functional ability and the injured worker is independent with her home exercise program. Per a progress note dated June 8, 2015, the injured worker completed all of her post-operative rehabilitation and is engaged in a home exercise program. A request for an extension of post-operative physical therapy for the cervical spine (six

visits) is denied due to a lack of documentation of completion of previously approved twenty-four post-operative sessions, per Utilization Review letter dated August 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension post-operative physical therapy for the cervical (6 visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.