

Case Number:	CM15-0060489		
Date Assigned:	04/06/2015	Date of Injury:	01/10/2012
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/30/2015

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, Illinois

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 injured worker is a 40 year old female with an industrial injury date of 11/28/2008. Diagnosis includes status post cervical laminoplasty, stabilized cervical myelopathy and post operative pain. Prior treatments include physical therapy, medications, injections, surgery, epidural steroid injections and facet joint injection. She presents on 01/26/2015 with slowly improving neck pain. She also notes improved upper extremity numbness and weakness, gait imbalance and hand weakness. However, she still continues to have pain. Physical examination noted gait had significantly improved and the injured worker was able to ambulate well. There was pain to palpation over the cervical spine with limited range of motion. Treatment plan included diagnostics to include x-ray of cervical spine, pain medication and physical therapy post-operatively to increase range of motion and reduce pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, twice a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The injured worker sustained a work related injury on 11/28/2008. The medical records provided indicate the diagnosis of status post cervical laminoplasty, stabilized cervical myelopathy and postoperative pain. Prior treatments include physical therapy, medications, injections, surgery, epidural steroid injections and facet joint injection. She presents on 01/26/2015 with slowly improving neck pain. The medical records provided for review do not indicate a medical necessity for postoperative physical therapy, twice a week for six weeks for the cervical spine. It is not possible to say how many postsurgical physical therapy visits the injured worker has had based on the records provided. The physical therapy note by the end of 02/2015 indicate the injured worker completed 18/18 visits; later the worker was noted to have done 4/6; while another report stated 3/8 visits. Nevertheless, the postsurgical guidelines recommends as follows: Displacement of cervical intervertebral disc (ICD9 722.0): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. Based on this the current request is not medically necessary because that would exceed the total recommended, especially when the records indicates a plateau state despite physical therapy.