

Case Number:	CM15-0064857		
Date Assigned:	04/10/2015	Date of Injury:	11/29/2011
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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 58-year-old male, with a reported date of injury of 11/29/2011. The diagnoses include status post anterior cervical discectomy and fusion at C5-C6 and C6-C7 with decreased range of motion. Treatments to date have included physical therapy, anterior cervical discectomy and fusion, a bone stimulator, oral medications, and an x-ray of the cervical spine. The progress report dated 02/11/2015 indicates that the injured worker that the injured worker had cervical spine surgery 10 months prior, but still had decreased range of motion and muscle spasm. The objective findings include cervical paraspinous muscle spasm, decreased cervical range of motion, and intact sensation to light touch and pinprick in the bilateral upper extremities. The treating physician requested twenty-four physical therapy sessions for the cervical spine to regain range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Sessions of Physical Therapy for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical/Occupational Therapy Guidelines, Preface.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2011 and underwent an anterior cervical decompression and fusion in April 2014. When seen by the requesting provider, he was more than 10 months status post surgery. There was concern about a possible nonunion. Prior treatments had included post-operative physical therapy. In this case, the claimant is more than six months status post surgery and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is well in excess of that recommended and therefore not medically necessary.