

Case Number:	CM15-0076343		
Date Assigned:	05/15/2015	Date of Injury:	05/17/2013
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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 50 year old male patient who sustained an industrial injury on 05/17/2013. The accident is described as a fall and hitting head. Previous diagnostic testing to include: videonystagmography, radiography, and magnetic resonance imaging. Treatment modalities to include: physical therapy session, modified work duty, and oral analgesia. A recent primary treating office visit dated 01/20/2015 reported the patient with subjective complaint of headaches have worsened over the past two to three weeks. He states he is with more pain in the upper back and shoulder muscles. He is wearing the neck brace and continues to use the bone growth stimulator; along with use of medications as prescribed. In addition, he reports increased depression over the past few weeks. Of note, the patient had cancelled future physical therapy visits until he follows up with doctor on 01/30/2015. The patient last worked on 05/17/2013. His present complaint is of headaches increasing, mid back pain, neck pain, left hand pain, and left ankle pain. The patient has had prior neck surgery on 11/06/2014 and also with diagnoses of depression and anxiety in both 1996 and later in 2005. Current medications are: Xanax, Atorvastin, Flexeril and Percocet. He is diagnosed with status post slip and fall; complaint of dizziness; cervical stenosis with progressive left arm motor weakness, sensory complaints and left leg motor weakness; lumbar strain, left ankle probable tibialis posterior retinaculum strain, and prior history of T11-12 compression fracture. The plan of care involved: continue wearing rigid collar, obtain orthotic device, attend physical therapy course, attend a neuropsychologist visit and undergo a magnetic resonance imaging study of lumbar spine. He remains temporary totally disabled until follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 32.

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

Decision rationale: The claimant sustained a work-related injury in May 2013 and underwent a cervical spine fusion on 11/06/14. He had more than 20 post-physical therapy treatments. When seen, the requesting provider documents incorrectly that claimant had had not been doing formal physical therapy. Physical examination findings included cervical spine tenderness without report of neurological deficit. Physical therapy was requested. Guidelines address the role of therapy after a cervical spine fusion with a postsurgical physical medicine treatment period of 6 months and up to 24 physical therapy visits over 16 weeks. In this case, the additional therapy being requested is in excess of the guideline recommendation. The number of treatments would not be required to establish an independent home exercise program for the treatment of his residual symptoms. The request is not medically necessary.