

Case Number:	CM14-0140335		
Date Assigned:	09/10/2014	Date of Injury:	06/22/2012
Decision Date:	10/20/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old female whose date of injury is 06/22/2012. The injured worker slipped on a mat and grabbed onto tables to keep from falling. The injured worker underwent percutaneous epidural decompression neuroplasty of the cervicothoracic nerve roots for analgesia bilaterally C3-C6 levels with medial branch blocks C3-4 through C5-6 on 11/12/2012. The injured worker subsequently underwent anterior cervical discectomy and arthrodesis C4-5, C5-6 and radical discectomy C4-5 and C5-6 on 04/08/2014. The injured worker has been authorized for at least 12 postoperative physical therapy visits to date. Follow up note, dated 06/11/2014, indicates that the injured worker had not started physical therapy as of that visit date. Note dated 07/09/2014 indicates that the injured worker has not started physical therapy as of that visit date. Diagnoses are Cervical Radiculopathy, Shoulder tendinitis/Bursitis, Elbow Tendinitis/Bursitis, Wrist tendinitis/bursitis, and lumbosacral radiculopathy. Prior utilization review denied request for post-operative physical therapy to cervical spine, 24 sessions on July 31, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physical therapy to the cervical spine, 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The injured worker subsequently underwent anterior cervical discectomy and arthrodesis C4-5, C5-6 and radical discectomy C4-5 and C5-6 on 04/08/14. The injured worker has been authorized for at least 12 postoperative physical therapy visits to date. California MTUS guidelines support up to 24 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. Additionally, the request for 24 visits is excessive without interim re-evaluation to assess the injured worker's progress in treatment. The request for post-operative physical therapy to the cervical spine, 24 sessions is not medically necessary and appropriate.