

<b>Case Number:</b>	CM13-0002291		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/18/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 physician 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 patient is a 67-year-old female who reported a work-related injury on 02/18/10 as the result of a fall. Subsequently, the patient presents for treatment of the following diagnosis: status post an artificial disc replacement. A prescription by [REDACTED] dated 11/22/2013 recommended the patient undergo a course of physical therapy 2 times a week for 12 weeks to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 2-3x/weeks x 6 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The current request is not supported. There was no clinical documentation submitted for review evidencing the duration or frequency of postoperative physical therapy for this patient subsequent to an artificial disc replacement to the cervical spine. Additionally, there was no recent physical exam of the patient, date of when the operative procedure took place or the patient's course of treatment since operative interventions were implemented. Postsurgical

Treatment Guidelines support 24 visits over 16 weeks postoperative to this intervention to the cervical spine. However, given the lack of documentation evidencing duration, frequency, or efficacy of previous physical therapy, the request for PT 2-3x/weeks x 6 weeks for the cervical spine is neither medically necessary nor appropriate.