

<b>Case Number:</b>	CM13-0014106		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	01/29/1999
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 is licensed to practice in California. 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 underlying date of injury in this case is 01/29/1999. The reported primary diagnosis is 348.4 or compression of the brain. More specifically, the medical records describe a history of a C2-C3 anterior cervical discectomy and fusion in 2000 as well as a posterior fossa decompression and fusion from the occiput through C4 in 2001 and the C5-C6 anterior cervical discectomy and fusion and C5-C7 decompression and fusion in August 2012. An initial physician review notes that the patient has a history of Chiari operation with cervical instability requiring multiple spinal surgeries. That review notes that the patient's symptoms generally have been dormant for years, although as of 07/19/2013, a neurosurgical report indicated that the patient reported decreased strength in the postoperative period from August 2012 and increased tingling. The initial physician reviewer concluded that given the ongoing cervical complaints and other issues, a short course of physical therapy 2 times a week for 3 weeks was reasonable. Therefore, the initial reviewer modified this request. A neurosurgery consultation of 07/19/2013 reviews the patient's history in detail including multilevel cervical decompression and fusion and a history of Chiari malformation. The neurosurgeon reviewed an MRI of the brain in May 2013 showing a well-decompressed posterior fossa without a residual Chiari malformation. The thoracic MRI possibly showed a small syrinx at the cervicothoracic junction. The patient was noted to have a mild Hoffmann's sign on the right and none on the left. Sensation was intact without extinction. Strength was full in all extremities. No dysmetria was noted. No clonus was noted. No specific comment was noted regarding gait. The attending neurosurgeon planned a new cervical MRI for comparison and felt that without definite symptoms from a syrinx, this could be followed conservatively. The neurosurgeon noted the patient had numbness in the feet suggesting a peripheral neuropathy

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for eight (8) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 98-99, states, "Active therapy requires an internal effort by the individual to complete a specific exercise or task...Allow for fading of treatment frequency plus active self-directed home Physical Medicine." The medical records outline a profound neurological and neurosurgical history with an extremely extensive history of cranial and cervical surgery. That said, despite a worsening of the patient's symptoms, the patient's strength is noted to be normal, and there are no specific comments regarding gait abnormalities. It is unclear what the goal would be of physical therapy at this time or how this would differ from a past home exercise program. Thus, again, acknowledging the extremely profound nature of the patient's clinical situation, it is not apparent what goals or methods would be proposed for physical therapy at this time, particularly extensive physical therapy covering 16 visits. Therefore, at this time this request is not medically necessary.