

<b>Case Number:</b>	CM13-0020026		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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 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 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:

This 45 year-old female Correctional Officer sustained a neck and left shoulder injury on 9/16/11 from lifting a 10 pound mailbag while employed by the [REDACTED]. The patient is s/p anterior cervical fusion at C4-5 on 9/29/12. Medical records provided for review indicate the patient has completed at least 32 PT visits from November 2012 through June 2013 with functional capacity evaluation done on 7/16/13. An X-ray of 7/8/13 noted cervical discectomy and fusion at C4-5 without noted instability. A report of 7/2/13 from the current provider noted patient with continued neck pain. Exam showed tenderness over paracervical, upper trapezius and levator scapulae in the cervical spine. Diagnoses include cervical spine sprain/strain. The treatment plan included post-op PT to the cervical spine which was non-certified on 7/19/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL POST OPERATIVE PHYSICAL THERAPY QUANTITY 8.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The MTUS Postsurgical Treatment Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has completed the 32 therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient should have been instructed on a home exercise program for this surgery over 20 months ago. MTUS Postsurgical Guidelines recommend 24 PT visits for discectomy/fusion over 16 weeks for the rehab duration of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Current clinical findings only indicate tenderness for diagnoses of strain/sprain. The request is not medically necessary and appropriate.