

<b>Case Number:</b>	CM13-0026988		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 and 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 patient is a 55-year-old female who reported an injury on 02/09/2012 after sustaining an injury to the head, neck and low back. The patient is status post anterior cervical decompression and fusion at the C5 through C7 levels. The patient previously participated in 18 sessions postoperative physical therapy. The patient's most recent physical evaluation revealed that the patient had moderate tenderness to palpation in the cervical and lumbar region, intact motor strength in the upper and lower extremities bilaterally. It was noted that the patient had an exacerbation of pain but interfered with her ability to perform her normal job duties. The patient's diagnoses included status post ACDF C5-C7 with instrumentation and iliac crest bone graft, grade I spondylolisthesis at the L4-5 level, and lumbar radiculopathy. The patient's treatment plan included medications and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy (12 sessions):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The requested additional 12 sessions of physical therapy is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has participated in 18 visits of postsurgical physical therapy to date. It is also noted that the patient has had an acute exacerbation of pain. California Medical Treatment Utilization Schedule recommends 24 visits of postoperative physical therapy for this type of injury. Although additional physical therapy may be indicated to re-establish a home exercise program and address pain deficits. The requested 12 physical therapy visits in combination with the 18 prior physical therapy visits exceeds guideline recommendations. The clinical documentation submitted for review does not provide any exceptional factors to support the need to exceed guideline recommendations. As such, the additional 12 sessions of physical therapy is not medically necessary or appropriate.