

<b>Case Number:</b>	CM13-0027616		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Orthopedic Surgery, 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:

The injured worker is a 65 year-old male who reported an injury on 06/11/2011 and the mechanism of injury was from a fall. The injured worker's surgeries have included a cervical spine surgery on 09/21/2011 with a C3-C5 anterior discectomy and fusion and an additional surgery in January 2013 with a C3-C7 laminoplasty and bilateral laminoforaminotomy at the C5-C7. The clinical note from 08/21/2013 indicated that the injured worker was 7 months status post C3-C7 laminoplasty and bilateral laminoforaminotomy at the C5-C7 and had been doing well. He recently had a slight increase of neck pain and left-greater-than-right upper extremity pain. His pain is tolerable with pain medication to include Norco 3-4 times daily and gabapentin 3 times daily. The physical examination was noted as unchanged but he continues with burning dysesthesias of the left-greater-than-right upper extremity, with bilateral tricep and bicep weakness at 4+/5 and grip strength weakness bilaterally at 4/5. There are no long tract findings. The unofficial x-ray on 08/21/2013 the physician noted that it showed well-aligned instrumentation without evidence of screw loosening of instability. The discussion noted that he had significant myelopathic changes with loss of dexterity and continues to have some dexterity issues with his hands. The treatment plan included 6 additional occupational therapy (OT) sessions for hand dexterity. A request for authorization by the physician on 09/10/2013 was for physical therapy (PT) 2 times a week for 6 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:

**PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE CERVICAL SPINE**  
**QTY12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE/ NECK & UPPER BACK Page(s): 98-99, Postsurgical Treatment  
Guidelines Page(s): 26. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN  
MEDICAL TREATMENT GUIDELINES, POST-SURGICAL TREATMENT GUIDELINES,  
PHYSICAL MEDICINE/ NECK & UPPER BACK, POSTSURGICAL TREATMENT  
(DISCECTOMY/LAMINECTOMY), 98-99 / 26

**Decision rationale:** The California Post-Surgical Treatment Guidelines indicate that for postsurgical treatment (discectomy/laminectomy) recommends 16 visits over 8 weeks with postsurgical physical medicine treatment period of 6 months. The California Medical Treatment Utilization Schedule (MTUS) Guidelines for Chronic Pain allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The recommended visits for neuralgia, neuritis, and radiculitis are 8-10 visits over 4 weeks. The injured worker had a spine surgery in January of 2013 to the C3-C7 laminoplasty and bilateral laminoforaminotomy at the C5-C7. It is indicated that the injured worker had completed 12 sessions of postop physical therapy on 04/10/2013, 12 sessions of occupational therapy on 07/26/2013 and an additional 4 sessions of physical therapy on 07/26/2013. The injured worker has completed a total of 28 physical therapy and occupational therapy sessions of which exceeds the recommended sessions per the above guidelines. The injured worker would benefit from a home exercise program. Final Determination Letter for IMR Case Number CM13-0027616 4  
Therefore, the request for physical therapy (PT) 2 times a week for 6 weeks to the cervical spine is not medically necessary.