

<b>Case Number:</b>	CM13-0045875		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

This patient sustained an injury on 6/4/09 while employed by [REDACTED]. Request under consideration includes post op physical therapy 12 sessions for the cervical area. Report of 10/12/13 from [REDACTED] noted the patient complained of occasional intermittent left-sided radicular symptoms activated by extremes of left lateral flexion or rotation. Exam showed well-healed surgical incision; cervical range of flex 42, ext 51, lateral bending 38, and rotation 68 degrees bilaterally; mild residual weakness of left biceps and wrist extensors; numbness and tingling of lateral left arm and dorsal radial left forearm and 1st dorsal web space including thumb and index finger; decreased left brachioradialis reflex. Diagnosed with s/p cervical artificial disc replacement at C6-7 on 10/17/12; s/p artificial disc replacements at C4-5 and C5-6 on 5/6/13. Request for additional post-op physical therapy was non-certified on 10/29/13 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:

**A series of 12 post op physical therapy sessions for the cervical area:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15-16.

**Decision rationale:** 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 received at least 21 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 10 months ago. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request for post-op physical therapy 12 sessions for the cervical area is not medically necessary and appropriate.