

<b>Case Number:</b>	CM13-0048027		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Internal Medicine, 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 patient is a 42-year-old male who reported an injury on 01/17/2013. The mechanism of injury was a motor vehicle accident that reportedly caused injury to the patient's cervical spine. The patient ultimately underwent anterior cervical discectomy and fusion at the C5-6 in 05/2013, followed by postoperative physical therapy. The patient's most recent clinical examination findings included that the patient continued to experience tremors and muscle spasming; however, has had noted improvement with the cervical spine. Physical findings included weakness of the left deltoids in the C5 distribution. It was noted that the patient had not been transitioned into a home exercise program, and a request was made for additional postoperative physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OP PHYSICAL THERAPY - TWO (2) TIMES A WEEK FOR SIX (6) WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Neck and Upper Back, Physical Therapy

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

**Decision rationale:** The requested postoperative physical therapy 2 times a week for 6 weeks is not medically necessary or appropriate. MTUS Postsurgical Guidelines recommend up to 24 visits of postoperative physical therapy. The clinical documentation submitted for review does not specifically identify the number of visits the patient has already participated in. Additionally, the MTUS Chronic Pain Guidelines recommend patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. Clinical documentation submitted for review does indicate that the patient is not participating in a home exercise program. Therefore, a very short course of 1 to 2 visits may benefit this patient to assist with re-establishing and re-educating the patient in a home exercise program. However, the requested 12 additional visits would be considered excessive. The request is therefore not medically necessary and appropriate.