

<b>Case Number:</b>	CM13-0053332		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Illinois. 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 47-year-old female who reported an injury on 09/02/2011, secondary to heavy lifting. The patient is currently diagnosed with cervical radiculopathy, cervical degenerative disc disease, and cervical dystonia. The patient is also status post microscopic, fluoroscopically-guided bilateral C6-7 foraminotomy on 04/09/2013 by [REDACTED]. The patient was seen by [REDACTED] on 09/17/2013. The patient has completed a course of postoperative physical therapy. Physical examination revealed a surgical scar in the midline posterior neck region, moderate muscular spasm and tenderness bilaterally, significantly limited range of motion, and 5/5 muscle strength. Treatment recommendations at that time included continuation of 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 for the cervical spine (6 sessions): Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading

of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed a course of postoperative physical therapy for the cervical spine. Despite ongoing therapy, the patient continued to demonstrate moderately limited range of motion with tenderness to palpation and diminished strength. There is no documentation of a significant objective, measurable improvement following the initial course of treatment. Therefore, additional therapy cannot be determined as medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.