

<b>Case Number:</b>	CM13-0054790		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old female who sustained an injury to her neck on 11/14/05. The mechanism of injury was not documented. The records indicate that the injured worker is status post anterior cervical discectomy and fusion at C5-6 and C6-7 with anterior cervical plate dated 08/04/09 with pseudoarthrosis at C6-7 post attempted anterior cervical fusion. Physical examination noted tenderness, muscle guarding, and spasm; motor strength, sensation and reflexes normal in bilateral upper extremities. Treatment to date has included work restrictions, activity modifications, medications, and surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) PHYSICAL THERAPY VISITS THREE (3) TIMES PER WEEK FOR FOUR (4) WEEKS, CERVICAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-8.

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

**Decision rationale:** The injured worker is approximately five years post date of surgery. There was no information provided that would indicate the amount of post-operative physical therapy

visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The California Medical Treatment Utilization Schedule (CAMTUS) recommends up to 24 visits over 16 weeks following cervical fusion for a period not to exceed six months. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. The request for 12 physical therapy visits three times a week times four weeks is not medically necessary.