

<b>Case Number:</b>	CM13-0059094		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/09/1995
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 75-year-old female who reported an injury on 05/09/1995. The mechanism of injury was not provided for review. The injured worker ultimately underwent C4-5, C5-6, and C6-7 anterior cervical discectomy and fusion in 06/2004. The clinical documentation indicated that the injured worker had ongoing cervical spine complaints managed with multiple medications. The injured worker's most recent evaluation dated 10/10/2013 documented that the injured worker had tenderness to palpation along the posterior cervical musculature with decreased range of motion and decreased sensation in the left upper extremity. The injured worker's diagnoses included cervical spine sprain/strain, left upper extremity radiculopathy, cervicogenic headaches, and reactionary depression and anxiety. The injured worker's treatment plan included physical therapy, continued medications, and follow-up treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF OUTPATIENT PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR SIX (6) WEEKS, FOR THE CERVICAL SPINE, PER 10/10/13 REPORT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back .

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

**Decision rationale:** The requested 12 sessions of outpatient physical therapy 2 times per week for 6 weeks for the cervical spine per report 10/10/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has experienced an acute exacerbation of chronic pain. There is no documentation that the injured worker is participating in a home exercise program. Therefore, a short course of treatment would be appropriate for this injured worker to assist with re-establishing and reeducating the injured worker in a home exercise program; however, the requested 12 outpatient physical therapy sessions would be considered excessive. The California Medical Treatment Utilization Schedule only recommends up to 10 visits of physical therapy for radicular symptoms. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested 12 sessions of outpatient physical therapy 2 times per week for 6 weeks for the cervical spine per 10/10/2013 report is not medically necessary or appropriate.