

<b>Case Number:</b>	CM13-0060029		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/31/2006
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 and 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:

The patient is a 73 year old male who was involved in a work related injury on 01/31/2006 causing injuries to his cervical spine. Mechanism of injury was not available for review. Treatment history includes medications: Medrox pain relief ointment, cyclobenzaprine HCL, hydrocodone (Norco), and omeprazole. Surgical procedures included cervical spine fusion with instrumentation. There was no physical therapy documentation submitted for review. Diagnoses to date include: cervical radiculopathy, status post cervical surgery, lumbar radiculopathy, and right knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x week x 4 weeks to the neck, lower back, and bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS Guidelines, state that physical medicine 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. As the office visit note dated 10/23/2013 indicates, this patient is status post cervical fusion and on physical exam, there is tenderness, spasms, restricted Range Of Motion, and decreased strength. There is no documentation of prior postoperative physical therapy attempted and as the postsurgical guidelines indicate, a total of 24 visits of physical therapy are allowed. Thus, the request for 12 sessions of physical therapy to the neck is certified. Regarding the physical therapy to lower back, there is insufficient documentation of objective findings such as if there is evidence of Range Of Motion loss. Thus, the request for physical therapy to lower back is non-certified. Regarding the physical therapy to bilateral upper extremities, this patient work-related injury is limited to cervical, lumbar and right knee. There is no documentation of physical exam findings to determine the medical necessity and hence the request for physical therapy to bilateral upper extremities is non-certified.