

<b>Case Number:</b>	CM13-0069889		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 & 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 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 63-year-old female who reported an injury on 07/08/2009. The mechanism of injury was not provided for review. The injured worker ultimately underwent C4-7 anterior cervical discectomy and fusion. The injured worker was evaluated on 10/17/2013. It was documented that the injured worker had ongoing cervical spine and knee pain complaints. Physical examination findings included tenderness to palpation of the cervical paravertebral musculature and limited cervical spine range of motion. Physical findings of the right knee documented tenderness to the anterior joint line space with no signs of instability and a mildly positive patellar grind test. The injured worker's treatment plan included physical therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE CERVICAL SPINE, TWICE PER WEEK FOR SIX WEEKS:** Upheld

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

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

**Decision rationale:** The requested physical therapy for the cervical spine, twice per week for six weeks is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not specifically identify that the injured worker has previously participated in physical therapy. However, due to the age of the injury, it is suspected that the injured worker had previously participated in physical therapy and should be well versed in a home exercise therapy program. There are no barriers noted within the documentation to support that the injured worker could not progress in a self-directed home exercise program. However, as there is no documentation that the injured worker is currently participating in a home exercise program, 1 to 2 visits would be appropriate to re-education and re-establish a home exercise program. However, 12 sessions of physical therapy would be considered excessive. As such, the requested physical therapy for the cervical spine, twice per week for six weeks is not medically necessary or appropriate.