

<b>Case Number:</b>	CM13-0070199		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	06/09/2014	<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 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 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 patient is an employee of [REDACTED] who has submitted a claim for neck, shoulder and low back pain, s/p anterior cervical discectomy and fusion associated with an industrial injury date of 05/30/2012. Treatment to date has included, physical therapy 12 sessions post anterior cervical discectomy and fusion done on 5/28/13, intake of medications namely Protonix (Pantoprazole) 20 mg, Ultram (Tramadol) 50 mg, Terocin 120 mL, Vicodin 5/500 mg/tab, Zofran 4 mg, and Advil. Medical records from 2012 to 2013 were reviewed which showed frequent neck pain with minimal to moderate intensity depending on activity and range of motion. There's also right arm radiculopathy with pain radiating down the right arm to the elbow with minimal to moderate in intensity. Physical examination showed tenderness from C6-C7, T1-T12 and the paracervical tenderness surrounding C6-C7, there's also moderate spasm in the cervical spine. Head compression is negative. Active range of motion of cervical spine is within normal limits. Manual muscle testing of grips, biceps, wrist extension and flexion and triceps were all 5/5. X-ray of the cervical spine done on 05/13/13 showed straightening of the cervical lordosis, generally found consistent with spasms, significant scattered degenerative osteophytes are also noted. Utilization review from 12/10/13 denied the request for outpatient additional physical therapy three times a week for four weeks to the cervical spine because claimant had previously 12 sessions and should undergo home exercise instead.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPAIENT PHYSICAL THERAPY THREE (3) TIMES A WEEK TIMES FOUR (4) WEEKS TO THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Displacement of Cervical Intervertebral Disc.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for cervical discectomy/laminectomy, recommend physical therapy for 16 visits over 8 weeks. In this case, the patient had anterior cervical discectomy and fusion on 5/28/13 and underwent 12 physical therapy sessions postoperatively. Since she had 12 visits already, additional request for physical therapy three times a week for four weeks will exceed the recommendation in the guidelines. The patient is likewise expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for outpatient physical therapy three (3) times a week times four (4) weeks to the cervical spine is not medically necessary.