

<b>Case Number:</b>	CM13-0072455		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/14/2000
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 and Pain Management and is licensed to practice in Florida. 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 64 year old male with a reported injury date of 07/04/2000; the mechanism of injury was not provided. Diagnoses include fusion C5-C6, right tarsal tunnel syndrome and left carpal tunnel syndrome. The clinical note dated 11/06/2013 noted that the injured worker had complaints of pain to the neck and unspecified hand and unspecified hand numbness. It was noted that neck pain increased with movement. The objective findings included paraspinal spasm and trigger points at the trapezius, rhomboids, and supraspinatus. It was also documented that there was tenderness over the greater occipital right and left and an unquantified and unspecific abnormal sensory exam. The request for authorization form was not provided in the available clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE PROSPECTIVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE THREE TIMES A WEEK FOR FOUR 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, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The request for twelve prospective physical therapy sessions for the cervical spine three times a week for four weeks is non-certified. It was noted that the injured worker had complaints of unspecific pain to the neck that increased with movement. The objective findings included paraspinal spasm and trigger points at the trapezius, rhomboids, and supraspinatus. It was also documented that there was tenderness over the greater occipital right and left and an unquantified and unspecific abnormal sensory exam. It is also noted that the injured worker is status post fusion at C5-C6 on unknown date. The California MTUS guidelines recommend the use of physical therapy for treatment of swelling, pain, and inflammation post operatively. The guidelines also state that physical therapy is used to restore flexibility, strength, endurance, function, range of motion. The initial course of therapy for the cervical spine is 12 visits over 8 weeks with a total of 24 visits over 16 weeks if the injured worker shows quantifiable evidence of functional restoration. The postoperative treatment period is 6 months. The medical necessity for physical therapy has not been established. The documentation provided lacked adequate evidence that the injured worker would benefit from physical therapy. Additionally, it remains unclear how long the injured worker has been postoperative from the cervical fusion. Due to the above points, the request for twelve prospective physical therapy sessions for the cervical spine three times a week for four weeks is not medically necessary.