

<b>Case Number:</b>	CM14-0003599		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Orthopaedic Surgery 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 injured worker is a 52 year old female who sustained an industrial related injury on April 22, 2010. The current diagnosis is listed as cervical disc displacement without myelopathy. It is also noted that numerous sessions of postoperative physical therapy for the cervical spine had been completed. The progress notes dated January, 2014 indicates an extensive fusion surgery have been completed and the injured employee noted some improvement. There are some residual symptoms as weaning of the narcotic medications was being pursued. A motor weakness is noted with left grip and left wrist extension. However some improvement is noted. Urine drug screening is positive for Oxymorphone and Oxycodone. Overall, this 5'4", 175 pound individual appears to be doing reasonably well with some difficulties in the distal left upper extremity. Significant improvement has been reached postoperatively as outlined by the treating surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 ADDITIONAL POSTOPERATIVE PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** The standards outlined in the California Medical Treatment Utilization Schedule for postoperative physical therapy are that 24 visits over 16 weeks are to be completed. It is noted that this individual is more than a year out from the date of surgery. Furthermore, there is insufficient clinical noting additional physical therapy offers any efficacy or utility. Therefore, based on the injury sustained, the surgical treatment rendered, the physical therapy already completed and the date of surgery, there is insufficient clinical information presented to support this request. Therefore, the request is not medically necessary.