

<b>Case Number:</b>	CM14-0012482		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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 a 49-year-old male with a 4/3/11 date of injury. Diagnosis includes C6 radiculopathy per Electromyography (EMG); bilateral swelling across carpal canal, moderate; abnormal MRI of the cervical spine showing neural encroachment at the C4-5 and C3-4 level; status post fusion at L5-S1 with new hardware and resolution of lower extremity pain and only occasional low back pain and stiffness. The Physical Therapists note from 1/13/14 documented that this was the 5th PT session. 1/7/14 Progress note described a request to continue with stabilization and strengthening 2 times a week for 4 weeks. The patient had completed 3 out of 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue physical therapy two (2) times a week for four (4) weeks for the cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), General Approaches: Pain, Suffering, and

the Restoration of Function Chapter. Additionally, Official Disability Guidelines (ODG) Preface-Physical therapy.

**Decision rationale:** Medical necessity for the requested additional Physical Therapy (PT) has not been established. Guidelines recommend reassessment following a trial of 6 sessions of PT, and with functional improvement, additional PT can be substantiated. At the time of the request, the patient had not yet completed all the approved PT sessions. In addition, there is no discussion of participation in a home exercise program. The request for additional PT is not medically necessary and appropriate.