

<b>Case Number:</b>	CM14-0120949		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old female with a work injury dated 3/11/13. The diagnoses status post C5-6 ACDF (Anterior Cervical Discectomy and Fusion) on 9/25/13, cervical and thoracic spondylosis. Under consideration is a request for physical therapy 12 sessions 2 x 6. There is a primary treating physician report dated 7/29/14 that states that the patient's pain has been unchanged for several months. On exam there is tenderness in the lower cervical and upper thoracic joints. There is tenderness centered around C7 bilaterally and lower in the periscapular region as well. Deep palpation around the facets reproduces pain here. Palpable spasm is also present. Deep tendon reflexes are difficult to elicit at the biceps bilaterally. She had a diagnostic cervical medial branch block at C3-4 and C4-5 that flared up her pain. Per documentation post-operatively, the patient underwent 18 Physical Therapy visits between 11/26/13 and 2/19/14. The records also indicate that an additional 23 Physical Therapy visits were performed between 2/21/14 and 5/16/14. A 7/11/14 physical therapy progress note states that the patient's cervical range of motion has decreased since last visit. She missed a week of therapy and had a 6 hour car drive. The document states that she has little to no change in her neck and back symptoms. She still has 4 visits remaining.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical therapy sessions:** 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.

**Decision rationale:** Physical therapy 12 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and Postsurgical Guidelines. The patient is out of the postsurgical period for her condition. She has not progressed with her function or pain despite numerous prior therapy sessions. A request for 12 sessions would exceed guideline recommendations. She should be versed in a home exercise program. Therefore, the request for twelve (12) Physical therapy sessions is not medically necessary and appropriate.