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| <b>Case Number:</b>   | CM14-0155742 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 12/26/2011 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 09/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/23/2014 |

### 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 52-year-old female with a work injury dated 12/26/11. The diagnoses is herniated disc cervical spine, central canal stenosis cervical spine, radiculopathy, and bilateral upper extremities. Under consideration is a request for post op physical therapy 18 sessions. The documentation indicate that the requested Cervical Spine Decompression and Fusion (at the C5-6 level) and post op physical therapy 3x a week for 6 weeks was reauthorized on 4/8/14. There is a 4/23/14 document that states that the patient on exam has a Positive Spurlings test. Positive tenderness over the paracervical/ musculature. Positive muscle spasm in the paracervical musculature. Motor: Motor testing is 5/5 to all muscle groups of upper extremities. Neurological: Diminished sensation. C7 nerve root distribution. Range of Motion Cervical Spine: Flexion (Normal): chin to chest. Flexion: 10 degrees. Extension (Normal): 30 degrees. Extension: 30 degrees. Lateral bend (Normal): 30 degrees. Lateral bend (Right): 10 degrees. Lateral bend (Left): 10 degrees. Rotation (Normal): 30 degrees. Rotation (Right): 10 degrees. Rotation (Left): 10 degrees. Reflexes: Reflexes - Right biceps: 2+. Reflexes - Left biceps: 2+. Reflexes - Right triceps: 2+. Reflexes - Left triceps: 2+. Reflexes - Right brachia! radialis: 2+. Reflexes - Left brachia! radialis: 2+. There is a Positive Tinel's test. Positive Phalens test. Positive median nerve compression test. Motor testing is 5/5 to the upper extremities. The treatment plan states that the patient is awaiting surgery and In the interim she will be prescribed the following medications Norco10/325 1 qid and Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op Physical Therapy,18 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s):  
page 26.

**Decision rationale:** Post-op Physical Therapy,18 sessions is not medically necessary per the MTUS Post surgical Treatment Guidelines. The guidelines recommend an initial course of post op therapy which would be one half of the 24 recommended visits for this surgery. This would be 12 visits. The request exceeds the recommended number of intial visits. With documentation of functional improvement, a subsequent courseof therapy shall be prescribed within the parameters of the general course of therapyapplicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period.The request for post op physical therapy 18 sessions is not medically necessary as written.