

<b>Case Number:</b>	CM14-0156970		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 60 year old with an injury date on 6/10/13. Patient complains of intermittent cervical pain rated 3-4/10, with radiation to bilateral shoulders/shoulder blades with associated numbness/tingling in the bilateral arms/hands per 8/5/14 report. Patient also states he is attending physical therapy 2-3 times a week with no relief per 8/5/14 report. Based on the 8/5/14 progress report provided by [REDACTED] the diagnoses are: 1. myoligamentous s/s of the lumbosacral spine, rule out stenosis or herniation 2. postoperative changes at the right wrist with arthritis of the bilateral wrists 3. myoligamentous s/s of the bilateral hands 4. spinal stenosis and protrusions at C5, C6, and C7 5. cervical spine radiculopathy 6. s/p anterior cervical discectomy and fusion at C5-6 and C6-7 levels at 1/15/14 doing great. Exam on 8/5/14 showed "improved C-spine range of motion and upper motor strength with rehabilitation by 50%." [REDACTED] is requesting physical therapy cervical spine. The utilization review determination being challenged is dated 9/5/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/22/14 to 8/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine. Page(s): 98, 99.

**Decision rationale:** This patient presents with neck pain radiating to bilateral shoulders with tingling in arms/hands and is s/p cervical discectomy/fusion at C5-6 and C6-7 from 1/15/14. The treater has asked for physical therapy cervical spine on 8/5/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has been going to physical therapy 2-3 times a week according to 6/10/14, 7/8/14 and 8/5/14 reports, which adds up to 16 sessions with some improvement in range of motion. The requested additional physical therapy sessions for the cervical spine, however, exceeds MTUS guidelines for this type of condition, as 10 sessions are recommended for this type of condition. Recommendation is for denial.