

<b>Case Number:</b>	CM14-0026424		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for neck and shoulder pain reportedly associated with an industrial injury of February 19, 2009. Thus far, the patient has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; lumbar MRI imaging, apparently notable for disk bulging and disk desiccation at L5-S1 of uncertain clinical significance; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for 12 sessions of physical therapy, approved a request for a shoulder MRI, and approved a left shoulder corticosteroid injection. Non-MTUS ODG Guidelines were cited in the shoulder MRI and shoulder corticosteroid injection request, although the MTUS addressed both topics. Despite the fact that the patient was seemingly in the six-month postsurgical treatment window following cervical fusion surgery, the claims administrator nevertheless cited the MTUS Chronic Pain Medical Treatment Guidelines. The patient's attorney subsequently appealed. A March 27, 2014 progress note was notable for comments that the patient was pursuing a left shoulder open decompression and was placed off of work, on total temporary disability. The patient had persistent complaints of shoulder and neck pain with significantly diminished range of motion noted about body parts. The attending provider posited that the patient's cervical spine range of motion was improved on this date. In a February 13, 2014 progress note, the attending provider stated that the patient was five months status post anterior cervical discectomy and fusion surgery. The patient had a surgical scar present with some restricted range of motion. It was stated that the patient's cervical range of motion had improved. Norco was renewed while the patient was again placed off of work. The remainder of the file was surveyed. There was no mention of how much physical therapy treatment the patient had had over the course of the claim.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PT OF THE CERVICAL SPINE 2X6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GUIDELINES FOR PHYSICAL THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient was still within the six-month postsurgical physical medicine treatment period following earlier cervical fusion surgery as of the date of the Utilization Review Report. While MTUS 9792.24.3 does support an overall course of 24 sessions of physical medicine treatment following a cervical fusion surgery, MTUS 9792.24.3.c.4.b states that postsurgical treatments shall be discontinued at any time during the postsurgical treatment period in patients in whom no functional improvement is demonstrated. In this case, the patient had seemingly failed to demonstrate any functional improvement with earlier unspecified amounts of physical therapy treatment in terms of the functional improvement parameters established in MTUS 9792.20f. The patient remained off of work, on total temporary disability, several months removed from the date of cervical spine surgery. The patient remained highly reliant on opioid agents such as Norco. All of the above, taken together, imply lack of functional improvement with earlier postoperative physical therapy. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.