

<b>Case Number:</b>	CM14-0027623		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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:

This 66 year-old teacher and co-director of summer school sustained an injury on 6/16/10 when a water tub blew off the school's roof while employed by the [REDACTED]. Request(s) under consideration include Outpatient Post-Operative Pt Twelve (12) Sessions For The Cervical Spine. Diagnoses include cervical disc degeneration/ spondylosis/ sprain/ cervicgia; bicipital tenosynovitis. The patient is s/p cervical disectomy and fusion of C4-7 with instrumentation and allograft on 8/6/13 with completion of 24 post- operative physical therapy sessions. Report of 1/16/14 from the provider noted the patient with mild intermittent neck complaints. There are no noted complications or associated symptoms. The patient is a non-smoker. Exam showed tenderness over cervical area, suboccipital triangle, trapezius with radicular pain on left; negative axial and distraction testing; decreased sensation in left thumb/index and 1st web space otherwise normal throughout; decreased range of motion; normal strength throughout; left spurling's resolved; and neurovascular intact except left C6. X- rays of C-spine showed fused C4-7. Request(s) for Outpatient Post-Operative Pt Twelve (12) Sessions For The Cervical Spine was non-certified on 2/19/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT POST-OPERATIVE PT TWELVE (12) SESSIONS FOR THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck & Upper Back, Post-surgical treatment Page(s): 15-16.

**Decision rationale:** This 66 year-old teacher and co-director of summer school sustained an injury on 6/16/10 when a water jub blew off the school's roof while employed by the [REDACTED]. Request(s) under consideration include Outpatient Post- Operative Pt Twelve (12) Sessions For The Cervical Spine. Diagnoses include cervical disc degeneration/ spondylosis/ sprain/ cervicalgia; bicipital tenosynovitis. The patient is s/p cervical diskectomy and fusion of C4-7 with instrumentation and allograft on 8/6/13 with completion of 24 post-operative physical therapy sessions. Report of 1/16/14 from the provider noted the patient with mild intermittent neck complaints. There are no noted complications or associated symptoms. The patient is a non-smoker. Exam showed tenderness over cervical area, suboccipital triangle, trapezius with radicular pain on left; negative axial and distraction testing; decreased sensation in left thumb/index and 1st web space otherwise normal throughout; decreased range of motion; normal strength throughout; left spurling's resolved; and neurovascular intact except left C6. X-rays of C-spine showed fused C4-7. Record indicates the patient has completed 24 post-op physical therapy sessions which is beyond the quantity recommended by the post-surgical treatment guidelines. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. Chronic Pain Guidelines, post- operative therapy allow for 24 visits over 16 weeks for lumbar fusion with postsurgical physical medicine treatment period of 6 months. It appears the employee has received at least 24 therapy sessions without demonstrated evidence of complications or significant clinical findings or lack of ADL progress to allow for additional therapy treatments. There is no report of acute flare-up and the patient should have been instructed on a home exercise program for this surgery 11 months ago. Submitted reports have not adequately demonstrated the indication to support further physical therapy and the patient should continue with focus on a functional restoration approach. The Outpatient Post-Operative Pt Twelve (12) Sessions For The Cervical Spine is not medically necessary and appropriate.