

<b>Case Number:</b>	CM14-0033974		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Pain 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 injured worker is a 57-year-old male with a date of injury on January 19, 2006. The injured worker was in an elevator that suddenly dropped and caused him to fall backwards. The patient was diagnosed with cervical thoracic strain and cervical disc degeneration. The patient has a history of multiple cervical spine surgeries. Most recently the patient has had C3 through T1 fusion on January 10, 2013. The patient also had a laminoplasty at C3 through C6 in 2007. The current disputed issue is a request for twelve (12) sessions of physical therapy for the cervical spine. A utilization review determination on February 28, 2014 had non-certified this request. The cited rationale included that "the total number of visits completed to date was not specified in the submitted records" and the patient's "response to the PT treatments rendered was not discussed in terms of specific functional gains."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) sessions of physical therapy of the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For the displacement of the cervical intervertebral disc, the Postsurgical Treatment Guidelines recommend sixteen (16) visits over eight (8) weeks of postsurgical treatment, with a postsurgical physical treatment period of six (6) months. In the case of this injured worker, the cervical posterior fusion was performed over one (1) year ago. Although multiple physical therapy notes were submitted, a comprehensive discussion of functional progress from physical therapy and the need for further physical therapy is not noted in the submitted documentation. This request is not medically necessary.