

<b>Case Number:</b>	CM14-0038722		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 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 is a 41-year-old female with a date of injury of 12/10/10. Mechanism of injury was being struck in the head when she was pushed by a customer. She has extensive prior treatment that has included medications, therapy and ultimately an ACDF at C5-6 in June 2012 with delayed union fusion. There was subsequent hardware removal on 10/09/13 with revision decompression/fusion and repair of pseudoarthrosis. A request for PT was made on 1/27/14; however, there was an approval for therapy x 8 on 2/18/14. This was submitted to Utilization Review on 3/20/14 and identified as a duplicate request, given that the request pre-dated a subsequent authorization, and it was not authorized. The number of post-op PT sessions since the October 2013 are not disclosed in the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** Guidelines recommend up to 24 post-op PT sessions following a cervical fusion surgery. This patient had a cervical fusion in 2012, followed by removal of hardware/decompression-fusion revision/pseudoarthrosis repair in October of 2013. The number of post-op PT sessions following the 2013 surgery is not disclosed in submitted reports. In this case, additional PT was requested on 1/27/14, PT authorized on 2/18/14, but then submission to Utilization Review in March. It was denied as a duplicate request. Medical necessity is still not established in this IMR review, as the number of sessions completed is not disclosed and the number of PT sessions requested is not specified. Medical necessity for an unspecified number of PT sessions for the cervical spine is not established.