

<b>Case Number:</b>	CM14-0040605		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Orthopedic Surgery 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 overning 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 56-year-old male was reportedly injured on February 14, 2011. The mechanism of injury was not listed in these records reviewed. The injured employee is status post a cervical fusion on September 20, 2013 and has completed postoperative physical therapy. The most recent progress note dated May 28, 2014 indicated that there were ongoing complaints of neck pain radiating to the right upper extremity. The physical examination demonstrated decreased cervical spine range of motion with pain. There were tenderness and spasm along the paraspinal musculature. There was a positive Spurling's test to the right side. There was also tenderness to the trapezius and parathoracic areas. Examination of the lumbar spine noted decreased range of motion as well as muscle spasms. Examination of the right shoulder noted slow and limited motion with a positive impingement sign. There was a normal upper extremity neurological examination. Treatment plan included prescriptions of Baclofen, Talwin and Voltaren Gel. Previous treatment included acupuncture and the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A request was made for twelve visits of physical therapy for the cervical spine and was not certified in the pre-authorization process on February 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy cervical spine QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines  
Page(s): 2-3.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper  
Back (Acute & Chronic), May 30, 2014.

**Decision rationale:** The injured employee had a cervical fusion performed on September 20, 2013 and has had 24 visits of physical therapy postoperatively. According to the official disability guidelines, 24 visits of physical therapy are recommended after a cervical fusion. After 24 visits, it is expected that the injured employee is well-versed on what is expected of physical therapy for the cervical spine and should be able to continue this on his own at home via a home exercise program. This request for an additional 12 visits of physical therapy for the cervical spine is not medically necessary.