

<b>Case Number:</b>	CM14-0041205		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/17/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Texas and Ohio. 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 62-year-old female who reported injury on 02/17/2007 due to an unknown mechanism. The injured worker was diagnosed with cervical disc protrusion C4-5, C5-6, C6-7 with left upper extremity radiculopathy, lumbosacral spondylosis L3-S1, left knee internal derangement lateral meniscal tear as well as femoral condylar arthrosis, left elbow sprain, possible left cubital tunnel syndrome, and status post anterior cervical discectomy and fusion C4-7. Anterior cervical discectomy and fusion was performed 11/05/2013 at C4-C7. On 12/18/2013, the injured worker saw her physician one month status post anterior cervical discectomy and fusion at C4-C7. The injured worker reported neck and arm pain were resolved, however there is some weakness grasping objects bilaterally. The physician noted the surgical site was clean, dry, and intact. Bilateral para-spinal tenderness is noted. Motor strength testing is intact except to bilateral hands noting diminished grip and finger abductor strength. The X-rays noted the hardware and bone graft was in good position. The physician recommended physical therapy two times a week for six weeks. On 01/24/2014, the injured worker reported pain in her right shoulder with pain down the arm. She also reports headaches, neck pain radiating down the right shoulder, swelling of the right upper extremity, balance and sleep disturbances, and probable neuropathy. The physician noted right shoulder is focally tender at the acromioclavicular (AC) joint as well as subacromial bursa. She has positive Neer and Hawkins tests. There is diminished range of motion to the cervical spine with lateral bending. Tendonitis and pain are noted across the shoulder to her hands bilaterally. The injured worker continues with post-surgical physical therapy. On 03/05/2014, previous complaints continue from the injured worker. The physician notes X-rays indicate the fusion is not fully solidified and counseled the injured worker to continue her physical therapy. The treatment plan for the injured worker was to receive additional physical therapy two times a week for six weeks for the cervical

and lumbar spines. The rationale is the cervical fusion was not fully healed and additional sessions would continue to aid with symptoms. The Request for Authorization form was signed on 04/21/2014.

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

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

**Physical therapy 2 times a week for 6 weeks for the cervical and lumbar spines:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The request for physical therapy 2 times a week for 6 weeks for the cervical and lumbar spines is medically necessary. The California MTUS Guidelines for post-surgical treatments following fusion recommend 24 visits over 16 weeks over a six-month period. The physician is requesting 12 visits over a total of 6 weeks. There is a lack of documentation indicating exactly how many sessions of physical therapy the injured worker has completed for the lumbar and cervical spines. Improvement was noted although additional complaints arose from the injured worker. However, there is a lack of documentation, which provides objective documentation to demonstrate the improvements. The physician noted x-rays that indicated the fusion had not healed. The physician has noted improvement with physical therapy. An adequate and complete pain assessment is not provided within the medical records to demonstrate the need for additional physical therapy to the lumbar and cervical spines. Additionally, the requesting physician's rationale for the request for physical therapy to the lumbar spine is not indicated within the provided documentation. As such, the request is medically necessary.