

<b>Case Number:</b>	CM13-0037310		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 New York. 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 patient has chronic neck pain. On physical examination there is tenderness palpation of the neck. Range of motion is decreased of the neck. There is decreased sensation in the left radial forearm and hand. The patient is a 47-year-old who complains of neck and left arm pain. The patient has had pain medication and physical therapy continues to have pain. The patient has a date of injury of November 4, 2009. The patient is recommended for C6-7 ACDF surgery. MRI the cervical spine shows degenerative disc condition at C4-5 and C6-7. There is spinal stenosis at C6-7. At issue is whether postoperative physical therapy 2 times a week for 6 weeks is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST-OPERATIVE PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS FOR TREATMENT OF THE CERVICAL SPINE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS postsurgical treatment guidelines page 26.

**Decision rationale:** MTUS postsurgical treatment guidelines page 26 recommend 16 visits a postoperative physical therapy over 8 weeks after ACDF surgery. However guidelines indicate that an initial course of physical therapy must be completed and documented functional improvement much be included in the medical records prior to approval of all 16 visits of physical therapy. The initial request for postoperative physical therapy 2 times a week over 6 weeks is excessive. An initial short course of physical therapy must be tried with documented improvement prior to approval of additional visits of physical therapy. Therefore approval of all 12 visits over 6 weeks of postoperative physical therapy is not medically necessary and not supported by guidelines.