

<b>Case Number:</b>	CM14-0186936		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Interventional Spine 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 patient is a 62-year-old female with the date of injury of January 17, 2011. This patient is status post anterior cervical fusion on May 20, 2014. The diagnoses are failed neck surgery syndrome and cervical radicular pain. According to progress report dated September 16, 2014, the patient presents with pain that radiates down to the bilateral arms, left greater than right with numbness and tingling. Examination revealed limited range of motion to the cervical flexion at 10 degrees and extension to less than 5 degrees. There was tenderness to palpation along the cervical spine along C5-C7 with radiation down the left arm. The treating physician recommended physical therapy 2 to 3 times per week for the next six weeks. Utilization review modified the certification on October 7, 2014. Treatment reports from June 2, 2014 through September 16, 2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy once a week for four weeks for the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition Chapter: Neck and Upper Back Physical Therapy (PT) and the Official Disability Guidelines, Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** This patient is status post cervical fusion on May 20, 2014 and continues with neck pain that radiates into the bilateral arms. On September 16, 2014 the treating physician made a request for post-operative physical therapy two to three times per week for the next six weeks. Utilization review modified the certification from the requested 12-18 sessions to 4 sessions. The current request is for physical therapy once a week for four weeks for the cervical spine. The MTUS guidelines for post-operative therapy recommends 24 sessions over 16 weeks for post-surgical treatment following a cervical fusion. Physical therapy treatment reports are not provided for review. Utilization review states that the patient has been previously certified 24 physical therapy sessions. It is unclear as to how many of these were post-operative physical therapy. In this case, a short course of 4 sessions appears reasonable given the patient's continued decreased range of motion and pain. Therefore, this request is medically necessary.