Case Number:	CM14-0204587		
Date Assigned:	12/16/2014	**Date of Injury:**	04/15/2008
Decision Date:	02/05/2015	**UR Denial Date:**	11/20/2014
Priority:	Standard	**Application Received:**	12/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 53-year-old woman who sustained a work related injury on April 15, 2008. Subsequently, she developed chronic neck and left hand pain. The patient underwent a cervical surgery on February 27, 2014. Preoperative and postoperative diagnoses were multilevel cervical stenosis with disc herniation at C3-4, C4-5, and C5-6 and degenerative disc disease at C3-4, C4-5, and C5-6. The operative procedure was anterior cervical discectomy and arthrodesis at C3-4, C4-5, and C5-6 with instrumentation and local bone graft. A report dated July 2, 2014 documented that the patient had some increase in pain and spasms in her left shoulder blade. The provider at that time requested .an additional 12 visits of physical therapy. According to the evaluation report dated October 8, 2014, the patient reported constant pain in her neck and lower back. She had paresthesia down her right upper extremity and numbness in all the fingers of both hands. The average pain was about 1-2/10, but can go up to 3-4/10 or worse depending on her level of activity. On examination, the patient had relative weakness of 4+/5 on the right shoulder. She had full range of motion of her shoulders. She had numbness and paresthesia in all five fingers. She had Tinel positive bilaterally. On the right hand, she had good light touch. She had tenderness and muscle guarding in the paralumbar region bilaterally but no radiculopathy. Range of motion was limited by pain. Range of motion of the cervical spine was limited by pain. she had some paresthesia on the dorsum of her left large toe but no increased radiculopathy with steaight leg raising of 90 degrees. The patient was diagnosed with post cervical fusion C3-C6, lumbar strain/sprain with muscle guarding, bilateral mild carpal tunnel syndrome, and residual cervical radiculopathy. The provider requested authorization for 8 sessions of physical therapy of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98,Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of objective findings that the patient condition needed physical therapy and not home exercise. The patient underwent several physical therapy sessions without documentation of clear benefit. Therefore Physical Therapy Cervical Spine 8 sessions is not medically necessary.