

<b>Case Number:</b>	CM15-0001948		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female with a date of injury as 09/17/2007. The cause of the injury was not included in the documentation received. The current diagnoses include status post anterior cervical discectomy and fusion. Previous treatments include medications, cervical fusion and discectomy C5-C6 on 10/02/2014, and physical therapy. Report dated 10/31/2014 noted that the injured worker presented for a one month post operative follow-up. Physical examination did not reveal any abnormal findings. Treatment plan included cervical spine x-rays, initiation of post operative physical therapy, and a prescription for Ultram. Physical therapy progress notes were not included, nor was the number of visits previously authorized or the amount completed to date. The injured worker is temporarily totally disabled. The utilization review performed on 12/22/2014 non-certified a prescription for physical therapy 2 x 8 for the cervical spine based on the request exceeds the recommended amount of therapy session following a discectomy/laminectomy. The reviewer referenced the California MTUS in making this decision.

### 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 8 Weeks to The Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** The patient presents with pain and weakness in her neck and right upper extremity. The patient is s/p post anterior cervical discectomy and fusion on 10/02/14. The request is for 16 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE. The current request of 16 therapy sessions is within post-operative time frame following the neck surgery. For post-operative therapy treatments, MTUS guidelines page 26 allow 24 sessions of physical therapy over 8 weeks after following fusion. In this case, the utilization review letter on 12/22/14 indicates that the patient has completed 16 sessions of physical therapy sessions as post-op treatment with improvement in range of motion and education. The treater does not explain why additional therapy is needed and does not explain why this cannot be addressed through a home exercise program. The requested 16 sessions combined with 16 already received would exceed what is allowed per MTUS for this kind of condition. Furthermore, the utilization review modified the request for 16 sessions to #7. The request for #16 sessions of physical therapy at this time IS NOT medically necessary.