

<b>Case Number:</b>	CM15-0185661		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 injured worker is a 31 year old female who reported an industrial injury on 1/14/2014. Her diagnoses, and or impressions, were noted to include: cervical strain, rule-out disc herniation; cervical disc degenerative disc disease and stenosis; and status-post cervical 4-5 discectomy and fusion. MRI of the cervical spine was stated to have been done and reviewed (on the 4-3-2015 progress notes). Her treatments were noted to include: cervical 4-5 anterior fusion (5-14-2015); medication management with toxicology studies (2-4-15); and rest from work. The progress notes of 8-17-2015 reported: improved pain, rated 8 out of 10, in the cervical spine, that radiated to the bilateral upper extremities, with numbness-tingling in the bilateral hands-arms; and that she was currently not working. The objective findings were noted to include: no acute distress, and that she wore a cervical collar; no assessment of the cervical spine noted. The physician's requests for treatment were noted to include physical therapy for the cervical spine, 2 x a week for 6 weeks. The Request for Authorization, dated 8-28-2015, was noted to include physical therapy to the cervical spine, 2 x a week for 6 weeks; and a second Request for Authorization, dated 8-21-2015, which was noted for physical therapy to the cervical spine for range-of-motion and strengthening, 2 x a week for 6 weeks. The Utilization Review of 9-9-2015 non-certified 12 outpatient physical therapy sessions for the cervical spine, 2 x a week x 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve Physical Therapy for the cervical spine, twice a week, for six weeks, as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks. Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a 'six- visit clinical trial' to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The available medical record does not indicate any prior physical therapy or the results thereof. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for twelve physical therapy for the cervical spine is not medically necessary.