

<b>Case Number:</b>	CM15-0188563		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii

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:

This is a 52 year old female who sustained a work-related injury on 1-23-14. The injured worker had cervical spine fusion. Documentation from 7-23-15 indicated the injured worker rated her pain 3-5 on a 10-point scale. Medical record documentation on 9-3-15 revealed the injured worker was being evaluated to establish functional capacities status post her cervical fusion and to determine appropriate transitional program for return to work. She reported that she attempted to return to work but was unable to work due to significant pain. She reported that due to her deconditioned state she has been receiving aquatic therapy and ultrasound massage and this helps. Her pain was rated 6-7 on a 10-point scale. She has pain in the neck and the upper middle back and is limited with sitting, driving, lifting medial objects, vacuuming. Objective findings included cervical flexion to 30 degrees extension to 30 degrees, right side bending to 10 degrees, left side bending to 10 degrees and bilateral rotation to 30 degrees. She completed ten sessions of aqua therapy from 8-5-15 to 9-10-15 and twenty-two sessions of aqua therapy from 3-3-15 to -15 to 7-6-15. On 9-22-15 the Utilization Review physician determined continued physical therapy of the cervical spine #12 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy (Cervical) 1 x 12 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Neck & Upper Back Procedure Summary, Online Version, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with right posterior thorax, right shoulder and right sided neck pain. The current request is for Continued Physical Therapy (Cervical 1x12weeks). The report making the request was not made available. The patient's Anterior Cervical Discectomy and Fusion surgery was from 12/16/2014 and MTUS Post-Surgical Guidelines do not apply. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The physical therapy reports from 03/04/2015 (96B) to 09/10/2015 (28B) show a total of 64 visits (28B) to date. In this case, the requested 12 additional physical therapy visits would exceed guidelines. The patient should now be able to transition into a home-based exercise program to improve strength, flexibility and ROM. The current request is not medically necessary.