

<b>Case Number:</b>	CM15-0200075		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

The injured worker is a 49 year old male with an industrial injury date of 10-02-2013. Medical record review indicates he is being treated for disc protrusion with radiculopathy of cervical spine, degenerative disc disease of cervical spine and status post keyhole foraminotomy. He presented on 08-13-2015 four months post cervical keyhole foraminotomy. The injured worker noted his symptoms "are a lot better than before the surgery." Subjective complaints included "some" pain in his right scapular but not as severe as previously. The treating physician indicated the injured worker continued to take Norco as needed for pain. Objective findings are not indicated in the 08-13-2015 note. Prior treatments included surgery and medication. Review of medical records does not indicate prior physical therapy. The treating physician noted the injured worker needed to undergo a work capacity evaluation by a physical therapist before he returned to work. "We anticipate that he will be released to return to work at some time in October." On 09-14-2015 the request for physical therapy 2 times per week for 4-8 weeks was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 4-8 weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

**Decision rationale:** The patient presents with pain affecting the cervical spine. The current request is for Physical therapy 2 times per week for 4-8 weeks. The treating physician report dated 8/13/15 (35B) states, "(The patient) is now four months status post cervical keyhole foraminotomy." MTUS-PSTG supports post-operative physical medicine (physical therapy and occupational therapy) 16 sessions for discectomy, laminectomy and foraminotomy type procedures of the cervical spine. The MTUS-PST guidelines only provide a total of 16 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior post-operative physical therapy for the cervical spine. In this case, the current request of 8-16 visits is within the recommendation of 16 visits as outlined by the MTUS-PST guidelines. The current request is medically necessary.