

<b>Case Number:</b>	CM15-0025054		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/03/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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:

This 61 year old male sustained an industrial injury on 1/3/12, with subsequent ongoing neck pain. Treatment included medications, physical therapy and diagnostic selective nerve block. On 8/20/14, the injured worker underwent C6 partial corpectomy, C6-7 anterior cervical fusion, placement of intervertebral cage with anterior instrumentation. In PR-2 dated 12/22/14, the injured worker complained of ongoing neck pain 1.5/10 on the visual analog scale with medication and 5/10 without and right shoulder pain 3-9/10. The physician noted that the injured worker continued to participate with physical therapy and continued to receive significant amount of relief in pain and increase in functional status. Documentation did not disclose objective evidence of functional improvement. Physical exam was remarkable for cervical spine with no tenderness to palpation and restricted range of motion with 5/5 upper extremity strength throughout. The treatment plan included additional physical therapy for the cervical spine, three times a week for four weeks, a transcutaneous electrical nerve stimulator unit and possible H-wave unit. In a physical therapy progress note dated 2/10/15, the physical therapist noted that the injured worker appeared to have reached a plateau. The injured worker was provided with a home exercise program. On 1/22/15, Utilization Review modified a request for twelve sessions of physical therapy for the cervical spine to two sessions of physical therapy for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of physical therapy for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** This patient is status post cervical fusion on 8/20/14 and continues to complain of pain. The current request is for 12 SESSIONS PHYSICAL THERAPY FOR THE CERVICAL SPINE. The MTUS guidelines for post operative therapy recommends 24 sessions over 16 weeks for post surgical treatment following a cervical fusion. Review of the medical file indicates that the patient participated in 18 physical therapy sessions between 11/11/14 and 12/22/14. It is unclear if the patient participated in additional post of rehabilitation immediately following surgery. Physical therapy progress report dated 12/20/14 states that the patient continues to have cervical spine pain and recommendation was for continuation of therapy. On 12/22/14, the treating physician requested authorization for additional physical therapy to focus on strengthening, stretching, and transition into a home exercise program. In this case, given the patient's continued pain and decrease in range of motion a short course of additional 6 sessions may be indicated, but the treating physician is requesting additional 12 sessions which exceeds what is recommended by MTUS. This request IS NOT medically necessary.