

<b>Case Number:</b>	CM15-0025722		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/14/2015
<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 37-year-old male sustained an industrial injury on 6/30/14. He subsequently reports ongoing neck pain with symptoms radiating to his upper extremities. Diagnoses included herniated cervical discs. The injured worker underwent cervical neck surgery in August of 2014. Treatments after surgery included physical therapy and prescription pain medications. On 1/14/15, Utilization Review partially certified a request for Additional Physical Therapy 2 times a week for 4 weeks. The Additional Physical Therapy 2 times a week for 4 weeks was modified to 6 sessions based on MTUS Chronic Pain guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 times a week for 4 weeks:** 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:** Per the 01/15/15 report the patient presents with slowly improving right arm pain and weakness in the legs and lack of range of motion in the fingers along with pain in the bilateral hands and legs and the lower back. She is s/p cervical discectomies and foraminotomies on 08/30/14. The current request is for ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS. The RFA included is dated 10/31/14; however, it appears this request is from the 01/15/15 report. The utilization review states the provider request date is 01/12/15. Utilization review revised this request from #8 to #6. She is to remain off work until reevaluated in 4 weeks. The MTUS page 26 Neck & Upper Back states, "Displacement of cervical intervertebral disc Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Postsurgical physical medicine treatment period: 6 months." The patient is within a postsurgical treatment period. On 01/15/14 the treater states the patient has completed a course of physical therapy and this request is to improve function, reduce pain, instruction for home exercise and to improve muscle strength. The 12/04/14 report states the patient is to continue physical therapy and the 10/31/14 RFA requests 8 sessions 2x4 for the neck. It is unclear if the RFA request is for the initial course of therapy. It appears that the patient has completed an unknown number of post-operative sessions for the neck. The reports provided for review do not detail the number or dates of sessions. No PT treatment reports are provided for review. Functional improvement and reduction of medication use as the result of prior treatment is not documented. In this case, the requested 8 sessions combined with the unknown number of prior sessions may exceed what is allowed by guidelines. The request IS NOT medically necessary.