

<b>Case Number:</b>	CM15-0034735		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	05/16/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 59-year-old female, who sustained an industrial injury on 5/16/2010. The diagnoses have included cervical disc herniation, cervical degeneration and stenosis. Treatment to date has included diagnostic imaging, specialist referrals, acupuncture, cervical epidural steroid injections (3/28/2011, 5/26/2011), cortisone injections (7/23/2010, 8/23/2010), and medications. She underwent a cervical anterior interbody fusion with plate at levels C3-4 and C4-5 on 10/16/2012 followed by postoperative physical therapy and right shoulder surgery on 5/29/2013 followed by postoperative physical therapy. Computed tomography (CT) scan of the cervical spine dated 1/26/2015 showed anterior spinal fixation from C3-5, degenerative disc disease and uncovertebral arthritis resulting in canal stenosis, cord indentation and foraminal narrowing at C5-C6 and to a lesser extent at C4-C5. There was no hardware failure or subluxation. Currently, the IW complains of neck and severe left upper extremity pain, worse x 2 months. Objective findings included limited range of motion of the cervical spine. On 2/10/2015, Utilization Review modified a request for physical therapy (2x12) noting that the clinical findings do not support the medical necessity of the treatment as requested. The MTUS Guidelines were cited. On 2/24/2015, the injured worker submitted an application for IMR for review of 2 x 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 per week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This request does not specify what region physical therapy is requested for. However, there is a history of physical therapy participation for both the cervical spine and the shoulder. Considering the injured employee has previously received formal physical therapy and that this request does not specify the body region, this request for physical therapy twice week for 12 weeks is not medically necessary.