

<b>Case Number:</b>	CM15-0053999		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 46 year old male, who sustained an industrial injury on April 16, 2012. He has reported neck pain. Diagnoses have included cervical spine disc displacement, cervical spine degenerative disc disease, and cervical spine stenosis. Treatment to date has included cervical spine surgery, home exercise, and imaging studies. A progress note dated January 29, 2015 indicates a decreased in neck pain. The treating physician documented a plan of care that included 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:

**12 Physical therapy sessions for the cervical spine, 3 times a week for 4 weeks, S/P ACDF C-5-6 on 9/16/14:** Overturned

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

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

**Decision rationale:** The claimant is more than 3 years status post work-related injury and underwent an anterior cervical decompression and fusion in September 2014. When seen, she had decreased neck pain and decreased range of motion. There was tenderness. Her fusion was progressing. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, there is no evidence of prior physical therapy treatment and the claimant remains within the post-operative treatment period. The request is consistent with guideline recommendations and therefore medically necessary.