

<b>Case Number:</b>	CM14-0144424		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	09/19/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is 47 year old female with an injury date of 09/09/13. Per the 07/23/14 report by [REDACTED], the patient presents with neck pain following surgery. The treater notes neck surgery 02/04/14. Neck pain is improved, but continues intermittently in the posterior neck. She also presents with elbow and forearm pain with the right elbow only painful with lifting or repetitive movements. Examination reveals mild tenderness to palpation lateral epicondyle soft tissues along with mild pain with resisted wrist extension. Range of motion of the neck is still limited with lateral rotation to the left side. There is tenderness to palpation to the right trapezius. The patient's diagnoses per the 06/27/14 report include: 1. Prolapsed cervical intervertebral disc s/p C5-C6 discectomy with fusion 2. Neuralgia Improved right C6 radiculopathy secondary to cervical spondylosis with herniated nucleus pulps C5-C63. Lateral epicondylitis The treater requests for additional post-operative physical therapy 8 sessions (2x4 weeks) for the cervical spine. The utilization review being challenged is dated 08/05/14. Treatment reports were provided from 04/28/14 to 07/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional post-op physical therapy two (2) times a wee times four (4) weeks, cervical spine QTY:8:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS for  
post-operative therapy, Neck:.

**Decision rationale:** This patient presents with chronic neck pain and is s/p neck surgery from 2/4/14 for discectomy and fusion. The request is for 8 additional sessions of post-operative therapy and the request is from 7/23/14. The request is within post-operative time frame. Review of the reports show that the patient has had some 17 sessions of post-op therapy. MTUS for post-op fusion of C-spine allow 24 sessions with post-operative time-frame of 6 months. Given that this patient only had 17 sessions thus far, additional 8 sessions would appear reasonable. The request is medically necessary.