

<b>Case Number:</b>	CM14-0212753		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 is a 51-year-old male claimant sustained a work injury on involving the neck. An MRI of her cervical spine in 2013 short herniation at C6- C7. An X-ray of the cervical spine in January 2014 showed calcification at C7. MRI of the cervical spine in June 2014 show disc bulging in facet arthropathy from C4 to C7. He underwent an anterior cervical microdiscectomy on June 25, 2014. The treating physician requested 12 sessions of physical therapy post-op in September 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy twice a week for five weeks for the cervical spine:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck pain and therapy

**Decision rationale:** Although physical therapy is recommended to be performed in a fading frequency, guidelines recommend up to 24 visits postoperatively. In this case, the request for 12 sessions of postoperative physical therapy is appropriate in medically necessary.