

<b>Case Number:</b>	CM15-0123425		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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:

This 50 year old man sustained an industrial injury on 8/8/2011 after his vehicle was rear-ended. Evaluations include cervical spine x-rays dated 1/13/2015, bilateral hand x-rays dated 12/23/2014, and cervical spine MRI dated 3/11/2014. Diagnoses include cervical neuritis, depression, insomnia, and whiplash injury. Treatment has included oral medications, selective nerve block and surgical intervention. Physician notes dated 6/4/2015 show complaints of neck pain with radiation to the bilateral shoulders and biceps and arm pain rated 7/10. Recommendations include Percocet, urine drug screen, narcotic contract, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

**Decision rationale:** The claimant sustained a work injury in August 2011. He underwent an anterior cervical decompression and fusion in December 2014 and was involved in a rear end motor vehicle accident less than 10 days afterwards. On 03/10/15 continued physical therapy was recommended and case notes reference authorization of 18 treatment sessions. However, it is unclear whether the claimant has ever attended physical therapy since surgery. When seen, he was having ongoing neck pain and stiffness. He was having hand pain and was being seen by a hand specialist. A third request for physical therapy was submitted. 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, the claimant needs physical therapy. However, the current request does not specify frequency or duration of treatment or treatment goals. The request is not medically necessary.