

<b>Case Number:</b>	CM15-0125614		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male who sustained an industrial injury on 11/17/11. Diagnoses are status post work related motor vehicle accident 11/17/11 and neck and radiating left arm pain, cervical disc injuries C5-6 and C6-7 with C6 and C7 radiculopathy. In a progress report dated 4/14/15, a treating physician reports complaints of neck and radiating left arm pain and that he continues to be quite debilitated due to symptoms. He has difficulty with even simple activities. He does continue to work. Medications are Lipitor, Aspirin, Glucosamine, and Hydrochlorothiazide. An MRI was done 3/19/15 which reveals predominantly C5-6 and C6-7 findings. At C5-6 there is severe central and bilateral foraminal stenosis with a large left paracentral disc herniation that is broad based and compressing the exiting C6 nerve root. At C6-7 there is severe bilateral foraminal stenosis, worse on the left than the right. He does have some disc disease at the other levels but to a lesser extent and mostly on the right side at C4-5 and C3-4. The treatment plan is to proceed with a C5 to C7 anterior cervical discectomy and fusion with instrumentation. The requested treatment is post-operative home health physical therapy 3 times a week for 4 weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op home health physical therapy 3 times a week for 4 weeks, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health.

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

**Decision rationale:** The patient presents with pain affecting the neck with radiation down the left arm. The current request is for Post-op home health physical therapy 3 times a week for 4 weeks, cervical spine. The treating requesting treating physician report was not found in the documents provided. The most current report provided dated 3/10/15 (17B) notes that the patient has not undergone any surgery to the cervical spine and that he is status post cervical epidural injections. MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show that the patient has received prior physical therapy for the cervical spine and his status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.