

<b>Case Number:</b>	CM15-0075602		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	03/14/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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

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 49-year-old male injured worker suffered an industrial injury on 03/14/2014. The diagnoses included cervical fusion 11/25/2015 and cervical disc herniation with radiculopathy. The diagnostics included cervical x-rays and magnetic resonance imaging. The injured worker had been treated with surgical intervention. On 3/18/2015, the treating provider reported left upper extremity numbness and pain with weakness. The treatment plan included Additional Physical Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy Evaluation and Treatment 2 x week x 3 weeks, 6 sessions cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Medicine.

**Decision rationale:** Regarding the request for additional physical therapy, CA MTUS recommends up to 24 sessions after cervical fusion, with half that amount recommended initially. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.