

<b>Case Number:</b>	CM13-0006318		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant is a [REDACTED] employee who has filed a claim for chronic rib pain, chronic leg pain, and paresthesias reportedly associated with an industrial laceration and contusion injury on November 13, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; multiple debridements of an infected laceration; unspecified amounts of physical therapy over the life of the claim, and work restrictions. In a utilization review report of July 17, 2013, the claims administrator partially certified a request for two sessions of physical therapy. The applicant later appealed. The claims administrator cited ACOEM, ODG, and the postsurgical treatment guidelines and MTUS 9792.24.3. A later progress note of August 30, 2013 is notable for comments that the applicant is improving with physical therapy with 4/10 rib pain as noted. The applicant is not using any medications. He exhibits mild tenderness over the thoracic spine, and rib cage with a well-healed left leg laceration line. A5/5 lower extremity strength is noted. A 30 pound lifting limitation is endorsed. The applicant is asked to complete the remaining physical therapy. An earlier note of July 10, 2013 is notable for comments that the applicant has persistent rib pain and tenderness with associated myofascial pain compliance. The applicant did exhibit a normal gait.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT, 6 visits- 2 visits a week for 3 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99 of 127 and page 8 of 1.

**Decision rationale:** As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, an overall course of 10-sessions of physical therapy treatment are recommended for myalgias and myositis of various body parts provided there is demonstration of functional improvement at various milestones in treatment so as to justify continuation of the same. In this case, it appeared that the applicant had had six prior sessions of physical therapy at the time six additional sessions were requested. It appears that the first six treatments took place during the 'acute' phase of the injury. An additional six sessions of physical therapy treatment in the 'chronic' phase of the injury was indicated and appropriate given the applicant's favorable response to prior treatment. The applicant had apparently returned to modified work and had ceased medication consumption, implying that there was evidence of functional improvement following completion of six prior physical therapy treatments. An additional six treatments were therefore indicated and appropriate and compatible with the overall 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.