

Case Number:	CM13-0028834		
Date Assigned:	12/27/2013	Date of Injury:	03/17/2012
Decision Date:	03/12/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation 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 patient is a 34-year-old male who reported an injury on 03/17/2012 due to cumulative trauma. The patient was treated conservatively for injury to the thoracic spine and associated musculature. The patient was later diagnosed with left long thoracic nerve palsy. The patient continued to be treated conservatively with medications and physical therapy. The clinical documentation noted that the patient has undergone over 70 visits of physical therapy. The patient's most recent clinical evaluation revealed pain rated at 0/10 to 3/10 with tenderness and spasming to the thoracic paraspinal musculature from the T2 to the T5. It was noted that the patient participated in a home exercise program and was compliant with medications. The patient's diagnoses included thoracic pain and long thoracic nerve palsy. The patient's treatment plan included application of heat to the affected area, continuation of medications, and continuation of participation in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested physical therapy twice a week for 12 weeks is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has undergone an excessive amount of physical therapy and has been transitioned into a home exercise program. California Medical Treatment Utilization Schedule recommends that a home exercise program be used to maintain improvement levels obtained during supervised skilled therapy. Although a very short course of physical therapy may be indicated to reassess and re-establish the patient's home exercise program, the requested twice a week for 12 weeks is considered excessive. As such, the requested physical therapy twice a week for 12 weeks is not medically necessary or appropriate.