

Case Number:	CM13-0043755		
Date Assigned:	12/27/2013	Date of Injury:	05/23/2013
Decision Date:	04/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/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 38-year-old male who reported an injury on 05/23/2013. The mechanism of injury was noted to be pushing a heavily loaded cart and heard a pop in the right lateral chest wall. The patient was diagnosed with myalgia and myositis NOS. The patient's symptoms include mild, intermittent chest pain. Physical examination revealed chest wall tenderness to the right costal margin and lower ribs. There were no bony deformities of the chest cavity, including thoracic spine. The examination of the spine revealed no abnormality and no weakness to the lower extremities. Past medical treatment included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy visits for the right ribcage, thoracic spine, and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK

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

Decision rationale: The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, physical therapy allows for a fading of treatment frequency (from up to 3

visits per week to 1 or less), plus active self-directed home physical medicine in the condition of myalgia and myositis, unspecified, at 9 to 10 visits and neuralgia and radiculitis, unspecified, at 8 to 10 visits. The most recent clinical note provided indicated the patient had increased pain at the right lateral chest region with extension, right lateral bending, and right rotation movements. The patient denied pain with left lateral bending, left rotation, and forward flexion of the trunk/thoracic spine. The patient was also noted to have completed at least 6 physical therapy sessions; therefore, exceptional factors would be needed to warrant further physical therapy that exceeds the guidelines. In the absence of objective functional gains made in previous physical therapy and documented exceptional factors, additional therapy is not supported. Given the above, the request for 6 physical therapy visits for the right rib cage, thoracic spine, and lumbar spine is non-certified.