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| Case Number: | CM13-0044698 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/06/2013 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 10/10/2013 |
| 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 23 year old male who injured his back on 5/6/13. He was diagnosed with a thoracic sprain/strain. He was initially treated with medications including topical and oral analgesics and physical therapy. He was recommended 6 sessions of physical therapy on 8/7/13. There is no record of whether or not the worker completed these sessions, and if he did whether or not he benefitted from them, according to the notes provided for review, which were limited. Continued physical therapy was requested by his treating physician on 9/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: Physical therapy in the form of passive therapy for the low back and thoracic areas is recommended by the MTUS Guidelines as an option for chronic lower and mid back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if

needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or thoracic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. Continued therapy may be considered but only when evidence of functional and pain benefits is documented. In the case of this worker, it is not clear as to whether or not the worker completed the 6 recommended sessions of physical therapy for his back, and it is also not know how much he benefitted from them, if they were completed as there is no documentation of this found in the notes available for review. Without documented benefit from previous sessions, and due to the fact that the worker displays no sign of inability to do home exercises, and also, due to the fact that he has passed the window of benefit for supervised passive therapy, the physical therapy sessions are not medically necessary.