

Case Number:	CM13-0048806		
Date Assigned:	12/27/2013	Date of Injury:	12/07/2012
Decision Date:	03/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/06/2013

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

Patient has a date of birth 2/7/93 and a date of injury 12/7/12 when he injured his back lifting boxes at work. His diagnoses have included lumbar radiculitis, lumbar sprain, thoracic spine strain, lumbar degenerative disc disease at L5/S1. There is a request for physical therapy for thoracic spine 2X3. A lumbar MRI dated 1/2/13 revealed minimal degenerative most pronounced at L4-5 where a disc bulge slightly effaces the ventral thecal sac. The patient had an EMG on 2/27/2013 showing normal nerve conduction study of the right lower extremity. Electrodiagnostic evidence of right S1 radiculopathy at this time. Treatment to date has included medication management, physical therapy, epidural injections. A 12/13/13 clinic visit revealed that the patient's primary problem is pain located in the back. He describes as stabbing. He considers it to be moderate. It has been about 12 months since the onset of the pain. He says that it seems to be constant. He has noticed that it is made worse by stretching, walking, bending. It is improved with medication. He also notes that it is accompanied by pain down the right leg. He feels it is stable. He performs a home exercise program and is on modified work. There is a 12/3/13 Physical exam by the primary treating physician that states that patient has no thoracic spine abrasion, bruising, open wound or erythema. There is no pain on motion or pain to palpation. A rash is not present. Swelling is not present. Range of motion is normal. The lumbar spine exam reveals no abrasion, bruising, erythema or open wound. An open wound is not present. Pain on motion is present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for thoracic spine 2x3: 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)

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

Decision rationale: Physical therapy for thoracic spine 2X3 is not medically necessary per MTUS guidelines. Documentation reveals on 12/13/13 exam findings no pain on thoracic motion, palpation, or decreased thoracic range of motion that would necessitate further PT. Patient also has had physical therapy in the past without significant improvement in function. He should be well versed in his home exercise program. Documentation submitted does not reveal extenuating circumstances that would warrant additional therapy. The MTUS recommends a fading of frequency in therapy with an active self directed home program. Physical therapy for the thoracic spine 2x3 is therefore not medically necessary nor appropriate and is non-certified.