

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0049696 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 03/20/2013 |
| Decision Date: | 02/26/2014 | UR Denial Date: | 10/17/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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, has a subspecialty in Interventional Spine 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 52-year-old female with date of injury on 03/20/2013. Progress report dated 09/13/2013 by [REDACTED] indicates that the patient's diagnoses include: cervical spine sprain/strain with myofascitis, right-sided right rib cage injury, right elbow lateral epicondylitis, rule out injury to the common extensor tendon, left hand pain with mild arthrosis, thoracolumbar sprain/strain with myofascitis. The patient has ongoing complaints of pain regarding her cervical spine. Her rib cage on the right side remains painful. The patient experiences continuous pain in the right elbow. She continues to complain of left hand pain. Her thoracolumbar pain continues to be painful. It was noted the patient has completed 1 out of 12 sessions of physical therapy for her cervical spine, right elbow, and lumbar spine. Exam findings included tenderness over the bilateral upper trapezius and bilateral rhomboid muscles. X-rays taken on 09/13/2013 of the cervical spine revealed degenerative disk disease with narrowing and posterior osteophytes at C5-C6, a 1.5-mm retrolisthesis at C5-C6 due to degenerative disk and there appears to be congenital fusion of the posterior elements of C2 and C3. A request was made for physical therapy twice a week for 6 weeks to be directed to her thoracic spine and right rib cage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 6 to right rib area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The patient appears to continue with thoracic pain and records appear to indicate that she had attended 1 out of 12 physical therapy sessions for her cervical spine, right elbow, and lumbar spine. The patient was unable to attend further therapy as her car was stolen and she needed a therapy facility closer to home. Treating provider requested 12 sessions of physical therapy for the thoracic spine and right rib cage. MTUS Guidelines recommend a maximum of 10 visits of physical therapy for myalgia and myositis unspecified. While some therapy appears to be indicated for the patient's thoracic pain, the request for 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, recommendation is for denial.