

Case Number:	CM13-0060019		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2013
Decision Date:	05/15/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

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, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 38-year-old male who reported an injury on 05/23/2013 after pushing a heavy cart that reportedly caused a sudden onset of pain in the injured worker's chest area. The injured worker's treatment history included physical therapy, medications, and heat and cold applications. The injured worker's most recent clinical evaluation dated 09/16/2013 documented that the injured worker had continued thoracic spine and rib cage pain rated at a 4/10 that was exacerbated with activity. Physical findings included tenderness to palpation over the T5-10 intraspinous space and tenderness over the rib cage 7 through 11 intercostal spaces. A request was made for physical therapy and a referral to an orthopedic physician if no significant improvement was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 PHYSICAL THERAPY VISITS FOR THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker previously participated in physical therapy. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any exceptional factors to preclude further progress of the injured worker while participating in a home exercise program. Therefore, additional physical therapy would not be supported. As such, the requested 4 physical therapy visits for the thoracic spine are not medically necessary or appropriate.