

<b>Case Number:</b>	CM14-0004909		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Practice 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 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 49 year old male whose date of injury is 05/08/13. The mechanism of injury is described as lifting. MRI of the thoracic spine dated 10/15/13 revealed disc desiccation at multiple levels. Diagnosis is thoracic sprain. The injured worker has completed 12 physical therapy visits to date. Progress note dated 12/19/13 indicates that the injured worker's condition has not improved significantly since the prior visit. The injured worker was returned to work without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 X WEEK FOR 3 WEEKS FOR THE THORACIC SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

**Decision rationale:** Based on the clinical information provided, the request for physical therapy 2 x week for 3 weeks for the thoracic spine is not recommended as medically necessary. The

injured worker has completed 12 physical therapy visits to date for diagnosis of thoracic strain. The Official Disability Guidelines support up to 10 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The injured worker has been returned to work full duty. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program.