

<b>Case Number:</b>	CM14-0107908		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, 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 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 patient is a 28 year old with an injury date on 8/13/13. Patient complains of ongoing pain in the scapular region, and lower lumbar pain that is improving per 6/10/14 report. Patient denies paresthesias into bilateral lower extremities per 5/20/14 report. Based on the 6/10/14 progress report provided by [REDACTED] the diagnoses are: 1. L-spine strain r/o (rule out) fracture by history. 2. r/o (rule out) scapular contusion. 3. Several closed rib fractures. 4. Left knee sprain. Exam on 6/10/14 showed antalgic gait on the left, tender right lower ribs and L-spine spasm on right side. Left knee effusion resolved - persistent popping limited extension and diminished MJL (Medial Joint Line) tenderness. Left scapular tenderness and spasm. [REDACTED] is requesting physical therapy 2x6. The utilization review determination being challenged is dated 6/26/14 and rejects request as patient has had sufficient 21 sessions and should now be independent in a home exercise program. [REDACTED] is the requesting provider, and he provided treatment reports from 12/12/13 to 6/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Physical Therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

**Decision rationale:** This patient presents with scapula pain and lower back pain and is status post compression fracture, several closed rib fractures, and a left scapular fracture, minimally displaced from original injury. The treater has asked for physical therapy 2x6 on 6/10/14. The 1/17/14 report states physical therapy finished of 9 visits and no longer has left knee pain with significant improvement. The 2/27/14 report states patient has completed 6 sessions of physical therapy out of 12 authorized. The 3/13/14 report states decreased pain and better range of motion and the 4/18/14 report states there still remains impairment in activities of daily living per 6/26/14 utilization review letter. Utilization review dated 6/26/14 states patient had 21 total sessions of physical therapy. For a fracture of vertebral column without spinal cord injury, MTUS postsurgical treatment guidelines allow 34 visits over 16 weeks within 6 months. In this case, patient is 8 months from original injury, and had 21 physical therapy visits to date with significant improvement in pain and function. Request for 12 additional visits appears reasonable and within MTUS guidelines for patient's continued recovery from spinal cord injury. Therefore, the request for twelve (12) Physical Therapy sessions is medically necessary and appropriate.