

Case Number:	CM14-0016785		
Date Assigned:	04/11/2014	Date of Injury:	03/03/2011
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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 57 year old male with an injury date on 3/3/11. Per 1/13/14 report the patient has persistent pain in the back and right knee. He continues to wear the knee brace with activities and taking Ibuprofen as needed along with Vicodin. The patient is s/p TKA right side. The listed diagnoses are: 1. Degenerative joint disease of the knees 2. Thoracic strain Objective findings are muscle spasms, tenderness, 20% reduction of flexion of spine. Under treatment plan, the request is for physical therapy 2 times a week for 6 weeks to address thoracic spine. The utilization review determination being challenged on 1/21/14 recommends denial of the 12 physical therapy sessions for the thoracic spine. [REDACTED] is the requesting provider, and he provided treatment reports from 4/9/13 to 1/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF PHYSICAL THERAPY FOR THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.99.

Decision rationale: This patient presents with persistent back and right knee pain and has knees DJD and thoracic strain. The patient is s/p right TKA. The request is for 12 therapy sessions for the thoracic spine. Review of the reports show that the patient has had extensive physical therapy and 5/13/13 report shows some 61 sessions of therapy provided. However, the treatments were for the patient's knee condition. There are no reports pertaining to the patient's thoracic spine therapy treatments. MTUS guidelines support up to 10 sessions of therapy for myalgia/myositis type of condition that this patient suffers from. In this case, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. Utilization review letter 1/21/14 did authorize 10 sessions of the 12 requested. Ten sessions of therapy to address this patient's thoracic pain is reasonable, but 12 exceeds what is allowed. Recommendation is for denial. The request for twelve (12) sessions of physical therapy for the thoracic spine is not medically necessary.