

Case Number:	CM14-0019962		
Date Assigned:	04/28/2014	Date of Injury:	10/25/2012
Decision Date:	07/08/2014	UR Denial Date:	02/01/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pain Management 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 49-year-old female who reported an injury on 10/25/2012, due to an unknown mechanism. The clinical note dated 12/02/2013 noted the injured worker reported mid and low back pain and symptoms were improving with treatment. The injured worker had decreased pain, increased range of motion, and greater ease with activities of daily living following treatment. She indicated stiffness in the mid to low back and stated that she was trying to stretch as much as possible. The injured worker also had complaints of pain to the thoracic spine that was constant, sharp, and stabbing, and it migrated to her neck and back. She also reported gastritis issues due to prolonged medication use. The request for authorization was not provided within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY SESSIONS, 2X3 WEEKS FOR THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

Decision rationale: The request for additional physical therapy sessions, 2x3 weeks for the thoracic spine is not medically necessary. The California MTUS guidelines recommend that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker is recommended for physical therapy for the thoracic spine; however, the included medical documents note physical exam deficits in the cervical spine, with the exception of rotation. The injured worker has undergone an extensive amount of physical therapy, and should have the ability to transition to a home based and self directed program. The documentation lacked evidence of objective measurable gains in functional improvement that facilitates progression in the injured workers therapeutic exercise program and return to productive activities. There was also no clear rationale to support the request for additional therapy. As such, the request for additional physical therapy sessions, 2x3 weeks for the thoracic spine is not medically necessary.