

Case Number:	CM14-0114192		
Date Assigned:	08/01/2014	Date of Injury:	08/25/2011
Decision Date:	11/25/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Medicine 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:

This is a 57-years old female patient who sustained an injury on 8/25/11 and 8/28/2012. She sustained the injury on 8/25/11 due to fell on ground/concrete floor. She sustained the injury on 8/28/12 when a transmitter fell on her. The diagnoses include cephalgia, thoracic and cervical spine pain. Per the doctor's note dated 6/27/14, she had complaints of headache and pain in cervical and thoracic spine. The physical examination revealed increased pain to cervical spine and tenderness over the thoracic spine. The medications list includes tramadol, naproxen and omeprazole. She has had CT scan and X-ray which revealed concussion and thoracic spine fracture. She has had physical therapy, chiropractic visits and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X wk X 6 weeks for the thoracic spine: Upheld

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

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

Decision rationale: The cited guidelines recommend up to 9-10 PT visits for this diagnosis. Per the records provided, patient has already had unspecified number of physical therapy visits,

chiropractic visits and acupuncture visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The Physical Therapy 2 X week X 6 weeks for the thoracic spine is not medically necessary.