

Case Number:	CM14-0121151		
Date Assigned:	08/06/2014	Date of Injury:	01/31/2014
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 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 48 year old patient had a date of injury on 1/31/2014. The mechanism of injury was not noted. In a progress noted dated 7/15/2014, subjective findings included patient saying physical therapy treatments were more beneficial than chiropractic treatments. He is determined to go back to work. On a physical exam dated 7/15/2014, objective findings included patient is morbidly obese. He remains tender over right side of rib cage, and there is diffuse tenderness in mid thoracolumbar area. Diagnostic impression shows right rib cage strain/rib contusion and flank strain without evidence of rib fracture on X-rays, underlying obesity. Treatment to date: medication therapy, behavioral modification, physical therapy, chiropractic treatment. A UR decision dated 7/21/2014 denied the request for physical therapy right rib/thoracic to include work conditioning, stating that there was no detailed objective physical examination findings documented. There are no physical therapy notes with detailed, objective, and comparative physical examination findings and documentation of claimants objective response to prior physical therapy to adequately review and support the request for additional rehabilitative intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) RT Rib/Thoracic to include work conditioning: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114 Official Disability Guidelines (ODG) Lumbar and thoracic chapter

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG recommends 10-12 visits over 8 weeks for thoracic/lumbosacral neuritis/radiculitis, unspecified, and 10 visit over 8 weeks for work conditioning. In a progress note dated 7/15/2014, it was noted that the patient has already received 11 sessions of physical therapy, which is near the maximum recommended guidelines regarding duration of therapy. Additionally, it was noted that an additional 6 sessions was recommended; however, there were no evidence of objective functional benefits or improvements noted. Furthermore, the physical therapy notes describing comparative findings before and during the treatment period to measure progress were not provided. Therefore, the request for physical therapy for the rib/thoracic to include work conditioning was not medically necessary.