

<b>Case Number:</b>	CM14-0127301		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/04/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 injured worker is a 41-year-old male who reported injury on November 04, 2010 caused by an unspecified mechanism. The injured worker's treatment history included medications, physical therapy, and chiropractic treatment. The injured worker was evaluated on July 03, 2014, and it was documented the injured worker continued to have some thoracic pain, which he has had in the past. The provider noted he has been swimming, which does help. Physical examination of the thoracic spine revealed no tenderness of the sternum, the ribs, and costal cartilage, the spinous process or the transverse process. Soft tissue palpation: there is no tenderness on the paraspinals on the left, and tenderness of the paraspinals on the right at T8. Active range of motion: flexion normal, extension normal, lateral flexion normal, and rotation normal. Strength: rib strength normal, flexion normal, extension normal, and rotation lateral flexion was normal. In the documentation submitted, the provider indicated the injured worker had undergone physical therapy sessions. However, outcome measures were not submitted for this review. Diagnoses included neck pain and thoracic pain. The Request for Authorization or rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (8-sessions, 2-times per week for 4-week for the thoracic spine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Neck and Upper Back Chapter

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

**Decision rationale:** The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. The provider failed to indicate long-term functional goals and outcome measurements of home exercise regimen. Given the above, the request for physical therapy is not medically necessary.