

<b>Case Number:</b>	CM14-0062818		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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, 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 48-year-old male who reported an injury on 09/27/2013. The injury reported was when the injured worker carried a 65 pound printer from the first floor to the second floor. Diagnoses included therapeutic sprain/strain, degenerative disc disease of the lumbar spine, normal neck and right shoulder examination. Previous treatments included MRI, X-ray, and medication. Clinical note dated 02/24/2014, it was reported that the injured worker complained of right shoulder pain, aggravated with heavy lifting. The injured worker complained of constant upper and mid back pain. He complained of constant low back pain radiating to his right groin and right foot. On the physical examination, the provider noted range of motion of the neck was flexion at 90 degrees and extension at 80 degrees. The injured worker had a negative Phalen's, Tinel's test bilaterally. The injured worker had a negative Spurling's test bilaterally. The request submitted is for 12 physical therapy visits for the thoracic spine. However, a rationale is not provided for clinical review. The Request for Authorization is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits for the Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy.

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

**Decision rationale:** The request for 12 physical therapy visits for the thoracic spine is not medically necessary. The injured worker complained of occasional right shoulder pain. He complained of constant upper and mid back pain. The injured worker complained of constant low back pain radiating to his right groin and right foot. California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines will offer fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker had decreased functional ability, decreased range of motion, or decreased strength or flexibility. The request submitted of 12 physical therapy visits exceeds the guideline recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.