

<b>Case Number:</b>	CM14-0070621		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Pain Management, has a subspecialty in Interventional Spine, 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 patient is a 28-year-old female with an injury date on 02/05/14. Based on the 04/01/14 progress report provided by [REDACTED], this patient complains of persistent upper thoracic muscle strain (thoracodorsal pain) and states she needs a pain medication refill and more physical therapy (PT). She is on regular duty and rates the severity of her pain as 6/10. Exam of this patient shows left side tenderness at T4-T8, with full right and full left rotation (thoracic) with pain. The diagnosis for this patient is listed as Strain Thoracic spine - persistent symptoms. The utilization review (UR) being challenged is dated 04/17/14. The request is for nine sessions of physical therapy for the thoracic spine. The UR determination modified the original request of 9 sessions to certify only 4 sessions of PT for the thoracic spine. The requesting provider submitted progress reports from 02/24/14 to 04/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 sessions of Physical Therapy for the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

**Decision rationale:** This patient is working regular duty and presents with persistent thoracodorsal pain. The treater is requesting nine sessions of physical therapy for the thoracic spine. MTUS guidelines, recommend 8-10 physical therapy visits for unspecific neuralgia, neuritis, and radiculitis. Review of the reports show that this patient had 6 sessions of therapy per 2/19/14 therapy report. The treater does not explain why additional therapy is needed and why the patient cannot transition into a home exercise program. Given that this patient has already had six visits, an additional 9 sessions would exceed the maximum number of therapy sessions recommended by MTUS for this type of diagnosis. Considering this patient does not present with significant documented factors of delayed recovery and has tolerated treatment well as of the sixth physical therapy visit, this patient can be reasonably expected to transition to an independent, self-directed home exercise program. This request, therefore, is not medically necessary.