MAXIMUS Federal Services

Case Number:	CM14-0205897		
Date Assigned:	12/17/2014	Date of Injury:	01/29/2014
Decision Date:	02/11/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 38 year old male with an injury date of 01/29/14. Based on the 12/17/14 progress report provided by treating physician, the patient complains of pain in the thoracic region. Physical examination to the back revealed tenderness to palpation to the thoracic paraspinals. Patient's current medications include Norco and Flexeril. Provider states in report 10/07/14 patient has had 3 of the 11 authorized physical therapy visits. Cervical MRI showed degenerative changes at the cervicothoracic junction with no significant stenosis. Thoracic MRI showed no edema at T3, T4 and T5 on the STIR sequences and some increased fatty endplate marrow signal at both T3-4 and T4-5 as well as at the cervicothoracic junction. Patient is working full duty. Diagnosis (09/09/14) closed fracture vertebra, thoracic aftercare for healing traumatic fracture; Sprain/strain ankle, cause of injury, MVA and Chronic low back pain. The utilization review determination being challenged is dated 12/05/14. The rationale follows: "Per guidelines, an objective positive patient response including changes in range of motion, strength and functional activity tolerance should be noted to substantiate the necessity for additional or continued therapy." Treatment reports were provided from 06/06/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, twice weekly x 4 weeks, thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar & Thoracic, Neck & Upper Back

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

Decision rationale: The patient presents with pain in the thoracic region. The request is for additional Physical Therapy, twice weekly x 4 weeks, thoracic spine. Patient's diagnosis on 09/09/14 included closed fracture vertebra, thoracic, ankle sprain/strain, and chronic low back pain. Cervical MRI showed degenerative changes at the cervicothoracic junction with no significant stenosis. Thoracic MRI showed no edema at T3, T4 and T5 on the STIR sequences and some increased fatty endplate marrow signal at both T3-4 and T4-5 as well as at the cervicothoracic junction. Patient is working full duty. MTUS pages 98 and 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Provider states in report 10/07/14 patients has had 3 of the 11 authorized physical therapy visits. Given the patient's condition, a course of physical therapy would be indicated, however, the patient completing already authorized 11 sessions of therapy. The provider does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. The current request for 8 additional sessions combined with what was already authorized exceeds what is recommended by MTUS. The request is not medically necessary.