

Case Number:	CM15-0003034		
Date Assigned:	01/14/2015	Date of Injury:	05/22/2009
Decision Date:	03/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 46-year-old female who reported an injury on 05/22/2009. The mechanism of injury was not provided. The prior treatments were not provided. There was a Request for Authorization dated 11/19/2014. The documentation of 11/19/2014 revealed the requested treatments for the injured worker included physical therapy for the lumbar spine, thoracic spine, and the hips for 2 times a week x 6 weeks, medications and consultations for psyche, pain management and an orthopedist. The documentation indicated the injured worker had a CT scan. The injured worker had pain in the upper back, low back, and bilateral hips. The sensation was intact to the left mid anterior thigh, mid lateral calf, and left ankle. The diagnosis included thoracic spine disc bulge, lumbar spine surgery, right hip strain, and left hip strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288 & 299.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of objective functional deficits. The prior therapies were not provided. The request would be considered excessive as the maximum recommended number of visits is 10. Given the above and the lack of documentation of exceptional factors, the request for 12 physical therapy for the thoracic spine is not medically necessary.