

<b>Case Number:</b>	CM15-0005195		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/21/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 21 year old female, who sustained an industrial injury on September 21, 2014. She has reported right shoulder and mid back pain. The diagnoses have included back pain, and thoracic sprain. Treatment to date has included six completed sessions of physical therapy, six completed sessions of chiropractic treatment, medications. Currently, the IW complains of right shoulder and mid back pain. Physical findings are noted as mild tenderness of the right upper thoracic spine region. On January 5, 2015, Utilization Review non-certified physical therapy two times weekly for three weeks, based on MTUS, ACOEM guidelines. On January 8, 2015, the injured worker submitted an application for IMR for review of physical therapy two times weekly for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

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

**Decision rationale:** The 21 year old patient presents with thoracic pain, rated 3/10, along with achy pain in the right shoulder blade area, as per progress report dated 12/26/14. The request is for PHYSICAL THERAPY 2 X 3. The RFA is dated 12/29/14, and the patient's date of injury is 09/21/14. The patient's diagnoses, as per 12/26/14, included back pain and thoracic strain/strain. Medications, as per the 10/31/14, included Tramadol and Relafan/Nabumetone. The patient has been allowed to return to modified work, as per progress report dated 11/25/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient has had physical therapy in the past. In progress report dated 10/31/14, the treater states that the patient has completed six sessions of physiotherapy. In progress report dated 11/13/14, the treater states that the patient will continue physiotherapy for work hardening, pain control, and to improve function. In progress report dated 12/26/14, the treater states that Physical therapy does help during the session to decrease pain and increase range of motion. Patient admits being sore after the PT sessions. The treater is requesting for six sessions of PT for the thoracic pain in the same report. MTUS allows for only 8-10 sessions of physical therapy in non-operative cases. The patient has already undergone six sessions and the impact of these sessions on function and pain is not clearly documented. The treater's request for six additional sessions, therefore, appears excessive and IS NOT medically necessary.