

Case Number:	CM15-0130027		
Date Assigned:	07/16/2015	Date of Injury:	03/07/2014
Decision Date:	08/12/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 60 year-old female who reported an industrial injury on 3/7/2014. Her diagnoses, and or impression, were noted to include: thoracic myofasciitis; mid-thoracic compression fracture. Recent magnetic imaging studies were stated to have been done on 2/23/2015, and noted a mid-dorsal thoracic fracture. Her treatments were noted to include physical therapy; injection therapy; medication management; and rest from work. The progress notes of 3/17/2015 noted no reported subjective complaints, only that the thoracic fracture was attributed to this industrial injury. Objective findings were noted to include tenderness of the bilateral trapezius, bilateral cervical para-spinals and thoracic para-spinals; and thoracic hyperkyphosis. The physician's requests for treatments were noted to include physical therapy for the shoulder girdle and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy shoulder girdle/thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a mid thoracic compression fracture as the result of work-related injury in March 2014 and continues to be treated for thoracic pain. Treatments have included acupuncture, medications, chiropractic care, and completion of 19 physical therapy treatment sessions. When seen, there was decreased cervical spine range of motion. The claimant is being treated for chronic pain with no new injury and is being treated under the chronic pain treatment guidelines. She has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested (8) is in excess what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.