MAXIMUS Federal Services

Case Number:	CM15-0139736		
Date Assigned:	07/29/2015	Date of Injury:	11/03/2014
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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:

The injured worker was a 57 year old male, who sustained an industrial injury, November 3, 2014. The injury was sustained when the injured worker fell from a ladder. The injured worker previously received the following treatments hot and cold packs, Jewett back brace when out of bed, right calcaneus (ORIF) open reduction and internal fixation, thoracic spine MRI, Tylenol #3, E-boot to the right foot, hardware removal of the thoracic spine on May 11, 2015 and Norco. The injured worker was diagnosed with T9-T10 vertebral fracture, left calcaneus stress fracture and right calcaneus stress fracture with ORIF. According to progress note of April 3, 2015, the injured worker's chief complaint was back pain. The injured worker reported the pain was improving. The surgery was cancelled at this time and conservative treatment to continue. The injured worker was taking pain mediation mostly for the foot pain. The injured worker continued to use the Jewett back brace. The physical therapy was order to develop core strengthening. The physical exam noted tenderness over the thoracic spine with palpation. The injured worker was wearing regular shoes. The treatment plan included physical therapy for the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the thoracic spine, 2x4: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. As this worker's injury was over 10 months ago, it is likely prior PT had been initiated but there is no description of prior PT. Therefore physical therapy x 12 sessions is not medically necessary.