

<b>Case Number:</b>	CM15-0169439		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 is a 27-year-old female worker who was injured on 10-29-2014 due to lifting. The medical records reviewed indicated the injured worker (IW) was treated for thoracic strain with right flank radiculitis, improved; and right intercostal ribcage strain, improved. The progress notes dated 7-10-2015 indicated the IW had limitation on repetitive bending, lifting or carrying more than 15 pounds. She reported improved mobility, decreased pain and spasm and reduced frequency of right flank radiating, sharp pain since beginning physical therapy (PT). On examination, there were no palpable spasms of the thoracic spine. There was trace tenderness to palpation of the thoracic paraspinals on the right and intercostal T8-T9 without radiation. Valsalva was negative. Range of motion (ROM) was mildly limited with flexion 60 degrees and extension 15 degrees; lateral bending and rotation was 20 degrees with mild discomfort at end points. There was improvement in pain and mobility from her last evaluation on 6-5-2015, with the ability to lift more weight. PT notes dated 7-29-2015 stated the IW had good rib mobility, but she still had pain and decreased ROM. Treatments to date include physical therapy, a total of nine visits as of 7-29-2015 and at least eight previous sessions as of 2-9-2015; home exercise program; ice; rest; and medications, which included oral NSAIDs and topical Lidocaine patch and compounded Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 5% cream. A Request for Authorization dated 7-10-2015 asked for physical therapy twice a week for three weeks for the thoracic spine. The Utilization Review on 7-30-2015 modified the request to allow PT twice a week for two weeks for the thoracic spine per CA MTUS Chronic Pain Medical Treatment Guidelines.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 3 weeks for thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 9 physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions 2 x 3 weeks is not medically necessary.