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| <b>Case Number:</b>   | CM15-0193233 |                              |            |
| <b>Date Assigned:</b> | 10/07/2015   | <b>Date of Injury:</b>       | 02/11/2011 |
| <b>Decision Date:</b> | 11/16/2015   | <b>UR Denial Date:</b>       | 08/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/01/2015 |

### 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: Arizona, California

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:

The injured worker is a 34 year old female who sustained an industrial injury on 2-11-2011. A review of medical records indicates the injured worker is being treated for neuropathic pain, muscular imbalance, thoracic outlet syndrome, muscle atrophy, and fascial defect. Medical records dated 8-19-2015 noted sternal pain and burning under her clavicle and lower rib cage. Rib pain has been increasing. She had physical therapy and was sent to work with modifications. Further treatment included chiropractic care which she did not get any functional improvement but did have improvement in pain. Physical examination noted she was wearing a neck brace. There was decreased prominence of spinous process from C5-C7. Treatment has included at least 13 visits of physical therapy. Other treatment has included massage therapy, acupuncture, ice, and ibuprofen. Utilization review form dated 8-27-2015 noncertified physical therapy to the thoracic spine (upper back) 2x4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Thoracic Spine (upper back) 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified; 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS); 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.