

Case Number:	CM15-0197734		
Date Assigned:	10/14/2015	Date of Injury:	10/15/2014
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/08/2015

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: Pennsylvania

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 30 year old female, who sustained an industrial injury on 10-15-14. Medical records indicate that the injured worker is undergoing treatment for a thoracic spine sprain-strain, myalgia and myositis unspecified, thoracic back pain and neuralgia, neuritis and radiculitis unspecified. The injured worker was working with modified duties. On (9-1-15) the injured worker reported no new complaints. The injured workers back pain was noted to be unchanged. Examination of the thoracic spine revealed tenderness to palpation over the thoracic paraspinal muscles and medial border of the scapula more on the left. Range of motion was 70% of normal. Treatment and evaluation to date has included medications, MRI of the thoracic spine, chiropractic treatments, trigger point injections and a home exercise program. The MRI of the thoracic spine (1-8-15) showed mild disc desiccation at thoracic seven-eight, unremarkable examination. Current medications include Ibuprofen. There is lack of documentation of prior physical therapy sessions or the result of any prior physical therapy. The request for authorization dated 9-9-15 includes a request for a physical therapy evaluation and treatment times 12 to the thoracic spine. The Utilization Review documentation dated 9-23-15 non-certified the request for a physical therapy evaluation and treatment times 12 to 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 eval and treatment x 12 for the thoracic spine: Upheld

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

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

Decision rationale: The 9/3/15 physical therapy order states, "resume thoracic spine physical therapy x 12 sessions." The 9/1/15 physician progress note states, "The patient states her back has not improved or worsened." The record indicates physical therapy had previously been put on hold for an umbilical herniorrhaphy. The record also indicates that physical therapy was planned as far back as 12/1/2014 but there is no record or comment regarding any physical therapy received. The recommended number of physical therapy sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical therapy beyond these guidelines should be supported by evidence of progress in physical therapy and a rational explanation of why excessive physical therapy is needed. In this case, neither is present in the documentation. It is not clear from the documentation how many sessions of physical therapy this worker has already received or if progress was made. In any case, the request for 12 visits is in excess of the recommended number and cannot be justified without documentation of progress and a rationale for an excessive number of physical therapy sessions, therefore is not medically necessary.