

Case Number:	CM15-0198515		
Date Assigned:	10/13/2015	Date of Injury:	08/28/2013
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31 year old female who sustained an industrial injury 08-28-13. A review of the medical records reveals the injured worker is undergoing treatment for pain in the thoracic spine. Medical records (09-17-15) reveal the injured worker reports ongoing low back pain rated at 3/10. The physical exam (09-17-15) reveals trigger points noted in the gluteus medius muscles, and the lumbar range of motion is limited secondary to pain. Prior treatment includes an unknown number of physical therapy sessions, home exercise program, a TENS unit, ice, heat, and medications including Flector patches. The original utilization review (10-01-15) non certified the request for 6 physical therapy sessions 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 2 times a week for 3 weeks thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Physical therapy.

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

Decision rationale: The patient presents with pain affecting the thoracic and lumbar spine current request is for Physical therapy 2 times a week for 3 weeks thoracic spine. The treating physician report dated 9/17/15 (34B) states, "She has now been authorized for pool therapy. She continues to report axial low back pain, but is now using a home exercise program and physical therapy that seems to be helping with her course overall." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 30 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received 30 sessions of physical therapy to date and therefore the current request of an additional 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Additionally, the patient has already been authorized for aquatic therapy and has established a home exercise program. The current request is not medically necessary.