

<b>Case Number:</b>	CM15-0206321		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/18/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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

### 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 59 year old female who sustained a work-related injury on 8-18-15. Medical record documentation on 9-8-15 and 9-16-15 revealed the injured worker was being treated for thoracic sprain-strain, contusion of the left wrist, contusion of the chest wall and intercostal strain. She was not improving significantly (9-8-15 and 9-16-15). Her thoracic spine pain was persistent and refractory to treatment. Objective findings were not provided in the submitted documentation and the injured worker had not returned to work. A request for a physical medicine and rehabilitation evaluation was recommended. A request for physical medicine and rehabilitation evaluation and treatment was received on 9-14-15. On 9-21-15 the Utilization Review physician determined physical medicine and rehabilitation evaluation and treatment was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical medicine and rehabilitation evaluation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

**Decision rationale:** Submitted reports have adequately demonstrated continued symptoms and clinical findings consistent ongoing thoracic, wrist, and chest wall disorder, necessitating a PMR consultation for this injury. The guidelines states an occupational health practitioner may refer to other specialists if a diagnosis is uncertain, extremely complex, or evidence of slow progress. The patient has failed conservative trial of treatment of first line pharmacological and therapy interventions exhibiting continued symptoms and remaining off work. Specialty referral is indicated to assist the patient in the recovery process. The Physical medicine and rehabilitation evaluation and treatment is medically necessary and appropriate.