

Case Number:	CM15-0210277		
Date Assigned:	10/29/2015	Date of Injury:	04/05/2013
Decision Date:	12/09/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 77 year old female sustained an industrial injury on 4-5-13. Documentation indicated that the injured worker was receiving treatment for a chest contusion, thoracic spine sprain and strain and myofascial pain. Previous treatment included physical therapy, aqua therapy, acupuncture heat therapy, home exercise and medications. Documentation did not disclose the number of previous physical therapy sessions. In a PR-2 dated 7-1-14, the injured worker complained of intermittent diffuse upper and depression. The injured worker reported that physical therapy did not help much. The injured worker elected to stop aqua therapy after two sessions because it was too cold. Physical exam was remarkable for tenderness to palpation to the cervical spine, thoracic spine and lumbar spine with full range of motion. The physician noted that overall the injured worker's condition had improved over time. The injured worker denied issues with activities of daily living such as dressing, hygiene and cooking. The injured worker could lift 10 pounds comfortably. The injured worker reported having trouble sitting for more than 30 minutes. In a psychiatric agreed medical evaluation dated 1-7-15, the injured worker was diagnosed with anxiety. In a PR-2 dated 7-22-15, the injured worker complained of upper back pain, rated 5 out of 10 on the visual analog scale. Physical exam was remarkable for normal gait and appropriate mood and affect. No further physical findings were documented. In a PR-2 dated 9-30-15, the injured worker complained of upper back pain rated 9 out of 10 on the visual analog scale. The injured worker injured worker reported that she walked for 90 minutes five times a week. Physical exam was remarkable for tenderness to palpation to the right upper back and lumbar spine range of motion 60 to 70 degrees flexion. The treatment plan included continuing heat

therapy and home exercise, Lidopro and requesting authorization for physical therapy and functional restoration program. On 10-20-15, Utilization Review non-certified a request for additional six sessions of physical therapy for the chest and thoracic spine and six sessions of functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the chest and thoracic spine, quantity: 6 sessions:

Overtured

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2013 when she was struck from behind by a cart that was being moved. Her past medical history was notable for breast cancer and she had undergone a mastectomy. She was diagnosed with a chest contusion and thoracic sprain/strain. Treatments have included medications and physical therapy, which is referenced as not having helped much. In September 2013 she had completed seven treatment sessions. She attended two aquatic therapy sessions and stopped because it was too cold. When seen in September 2015 she was having good and bad days. Pain was rated at 9/10. She was stretching every day and walking 90 minutes three times per week. Physical examination findings included decreased lumbar spine range of motion with tenderness. Recommendations included 6 sessions of physical therapy and participation in a functional restoration program. The claimant is being treated for chronic pain and has not had physical therapy in at least 6 months. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program or determining whether additional physical therapy was needed or likely to be effective. The request is medically necessary.

Functional restoration program, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: The claimant sustained a work injury in April 2013 when she was struck from behind by a cart that was being moved. Her past medical history was notable for breast cancer and she had undergone a mastectomy. She was diagnosed with a chest contusion and

thoracic sprain/strain. Treatments have included medications and physical therapy which is referenced as not having helped much. In September 2013 she had completed seven treatment sessions. She attended two aquatic therapy sessions and stopped because it was too cold. When seen in September 2015 she was having good and bad days. Pain was rated at 9/10. She was stretching every day and walking 90 minutes three times per week. Physical examination findings included decreased lumbar spine range of motion with tenderness. Recommendations included 6 sessions of physical therapy and participation in a functional restoration program. In terms of a functional restoration program, criteria include that there is an absence of other options likely to result in significant clinical improvement. In this case, another course of physical therapy is being requested. The claimant has chronic myofascial pain that would be expected to improve with physical therapy or other conservative treatments such as chiropractic care, acupuncture, or medications. She has not failed conservative treatments that would be expected to effectively treat her condition. A functional restoration program is not medically necessary.