

Case Number:	CM15-0210814		
Date Assigned:	10/29/2015	Date of Injury:	05/27/2015
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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:

The injured worker is a 47 year old male who sustained an industrial injury on 5-27-15. A review of the medical records indicates that the worker is undergoing treatment for a closed head injury-concussion, thoracic spine pain, anxiety, and headache. Subjective complaints (10-8-15) include headaches, more back pain without physical therapy and anxiety is better with Xanax. Objective findings (8-14-15) include tenderness to palpation at T3-8. Work status was noted as remain off work until 11-23-15. Previous treatment includes at least 9 visits of physical therapy for the neck, Xanax, Trazodone, Norco, Soma, and Bentyl. The treatment plan includes additional physical therapy, increase physical activity, and refill Xanax. A request for authorization is dated 10-8-15. The requested treatment of physical therapy 3 times a weeks for 3 weeks for the thoracic spine (9 visits) was modified to 4 visits on 10-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks (9 visits) for the thoracic spine: Upheld

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

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

Decision rationale: The patient presents on 10/08/15 with headaches and unrated back pain. The patient's date of injury is 05/27/15. The request is for PHYSICAL THERAPY 3 TIMES A WEEK FOR 3 WEEKS (9 VISITS) FOR THE THORACIC SPINE. The RFA is dated 10/08/15. Physical examination dated 10/08/15 is hand-written, poorly scanned, and illegible. The patient is currently prescribed Xanax. Per 10/08/15 progress note, the patient is currently advised to remain off work thorough 11/23/15. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: recommended as indicated below. Allow for fading of treatment frequency-from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the 9 physical therapy sessions for this patient's ongoing thoracic back pain, the provider has exceeded guideline recommendations. Per the documentation provided, this patient recently completed a course of 9 physical therapy sessions on 09/10/15. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 9 treatments in addition to the 9 already completed exceeds these recommendations and cannot be substantiated. It is not clear why this patient is unable to transition to home-based/self-directed therapy, either. Therefore, the request IS NOT medically necessary.