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| Case Number: | CM15-0047032 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 05/01/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: Arizona, Texas
Certification(s)/Specialty: Internal Medicine

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 24 year old female, who sustained an industrial injury on 5/1/2014. She reported injury after lifting a heavy box. The injured worker was diagnosed as having thoracic, bilateral shoulder tendinitis and lumbar sprain and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy and medication management. Currently, the injured worker complains of neck pain, mid and upper back pain, low back pain and pain in the bilateral shoulder and arms. In a progress note dated 1/9/2015, the treating physician is requesting 12 visits of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792-.20.26 Page(s): 98-99.

Decision rationale: According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic pain and has had multiple sessions of PT in the past. She has had sufficient PT in order to participate in a HEP. Therefore, the request is not medically necessary.