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| <b>Case Number:</b>   | CM14-0154277 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 10/08/2012 |
| <b>Decision Date:</b> | 11/13/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 26 year old male who reported an injury on 10/08/2012. The mechanism of injury was not provided in the documentation. His diagnoses were noted to include SI joint dysfunction and Thoracic muscle strain. His past treatments included an unspecified number of visits of physical therapy and work modification. On 08/21/2014, the injured worker complained of tightness and muscle pain in the mid back. Physical examination showed the injured worker was negative for Gillet's and Faber's test, and tendon reflexes were normal. The injured worker's medications were noted to include Lidoderm patches and THC. The treatment plan included an additional 6 visits of physical therapy, to continue his home exercise program and continue core strengthening. A request was received for Physical Therapy 2xWk x 3Wks Upper Back. The rationale for the request were not clearly stated. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 3 weeks for the upper back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG), Neck & Upper Back, Physical Therapy (PT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The request for Physical therapy 2 x week x 3 weeks for the upper back, is not medically necessary. The documentation indicated the injured worker has participated in previous sessions of physical therapy, but the number of visits was not noted. The California MTUS Guidelines recommend up to 10 visits for myalgia and myositis continued visits should be contingent on documentation of objective improvement. However, there was a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements from the previous physical therapy sessions. Therefore, the request is not medically necessary.