

Case Number:	CM14-0192405		
Date Assigned:	11/26/2014	Date of Injury:	06/19/2008
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53-year-old female with a date of injury of 06/19/2008. The listed diagnosis is thoracic pain. According to progress report 10/08/2014, the patient presents with chronic left lower thoracic pain. The patient is currently taking ibuprofen and Soma. Examination of the thoracic spine revealed tenderness in the lower thoracic spine on the left lateral. The midline is minimally tender. Rotation to the left is 45 degrees and 90 degrees on the right. The patient is currently working "Normal work activities." The treatment plan is for physical therapy 12 sessions. The treating physician provided an appeal letter dated 11/07/2014. According to this report, prior aqua therapy sessions to address the patient's continued back pain was denied. Therefore, land-based therapy was requested due to her limitations of activities of daily living. Physical examination remained the same as reported from 10/08/2014. This is a request for physical therapy for the thoracic spine 12 sessions. The utilization review denied the request on 10/23/2014. The medical file provided for review includes one progress report from 10/08/2014 and an appeal letter dated 11/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Thoracic spine Qty: 12: Upheld

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

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

Decision rationale: This patient presents with chronic thoracic spine pain. The current request is for physical therapy, thoracic spine, qty 12. The utilization review denied the request stating that previous examination and diagnostic studies including previous treatment, including past physical therapy are not available. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical report submitted for this request. In this case, given the patient's continued low back pain and no documentation of any recent physical therapy, a short course of treatment may be reasonable. The treater's request for 12 sessions exceeds what is recommended by MTUS. The requested physical therapy 12 sessions is not medically necessary.