

<b>Case Number:</b>	CM14-0214963		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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, 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:

The injured worker is a 52-year-old female with an original date of injury of August 26, 2013. The mechanism of injury occurred by being struck with a forklift. The patient developed thoracic spine contusion, right rib fractures, left rib fractures, and chronic thoracic spine pain. The patient also had right shoulder pain. Conservative therapies have included 12 sessions of physical therapy and fall sessions of acupuncture. She has been managed with zanaflex, ultracet, and Cymbalta in the past, although there is a progress note from 6/20/2014 that questions the efficacy of these medications as the patient reported a similar level of pain when she ran out. The disputed issue is a request for additional physical therapy. This was noncertified in a utilization review determination. The rationale for the denial was that the "total therapy to the thoracic spine is 24 sessions without objective gains of function or mobility or strength" and therefore additional therapy was not felt to be warranted at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy two visits a week for four weeks to thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. In fact a qualified medical evaluation on 11/20/2014 indicates that the patient reported that physical therapy had worsened her pain symptoms. The Chronic Pain Medical Treatment Guidelines requires that functional improvement be noted for a continuation of PT. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. The patient has undergone PT for 12 sessions which did not produce any functional gains, and therefore additional physical therapy is not medically necessary.