MAXIMUS Federal Services

Case Number:	CM14-0216964		
Date Assigned:	01/06/2015	Date of Injury:	01/29/2014
Decision Date:	03/04/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 37 year old male with an injury date of 01/24/14. The 12/17/14 progress reports states that the patient presents with increased pain and tightness in the thoracic region. He is working full duty. Examination reveals tenderness in the thoracic paraspinals right greater than left. The patient's diagnosis is: Healed compression fractures T3,4,5 with residual soft tissue pain.The patient has received an undetermined amount of prior physical therapy. Medications are listed as Norco and Flexeril. The utilization review is dated 12/24/14. Reports were provided for review from 02/08/14 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 8 sessions , thoracic spine Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7; 98-99.

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

Decision rationale: The patient presents with increased pain and tightness in the thoracic region s/p healed closed compression fracture T3,4,5. The current request is for ADDITIONAL PHYSICAL THERAPY X 8 SESSIONS FOR THE THORACIC SPINE PER 12/16/14 REQUEST.MTUS, Physical medicine pages 98, 99 provide the following guidelines:Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS)): 24 visits over 16 weeksThe 12/17/14 report states, the fractures are healed and the patient has residual tightness and needs to work on stretching. The treater recommends the patient acquire a TRX exercise system and is requesting physical therapy again. The 11/05/14 report states that physical therapy was helping especially through the use of exercise and manual therapy. The reports do not document how many sessions the patient has received and no physical therapy treatment reports are provided for review. An RFA dated as early as 04/21/14 for physical therapy states, 6 requests, 6 additional. The 12/24/14 utilization review shows that an additional 8 sessions was authorized 09/04/14 and this authorization was extended 10/02/14. It appears the patient did not receive these sessions. Reports show the patient has participated in a home exercise program from 05/09/14 to 07/07/14. The 12/17/14 report states, He has not used his 24 visits through this claim. The treater does not explain why home exercise is no longer adequate. In this case, the patient has received an unknown amount of physical therapy that reports indicate are at least 6 sessions. The reports make a general statement about the benefit of the therapy and cite an allowance of 24 sessions. However, MTUS allows 24 sessions for CRPS and CRPS is not documented for this patient. Furthermore, the known 6 sessions received combined with the additional 8 sessions requested, exceed the up 10 sessions allowed by MTUS. The request IS NOT medically necessary.