

Case Number:	CM15-0012399		
Date Assigned:	01/30/2015	Date of Injury:	10/17/2014
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/22/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 10/17/2014. The current diagnoses include sprain/strain shoulder and sprain/strain thoracic. Treatments to date include medication management and physical therapy. Report dated 12/11/2014 noted that the injured worker presented with complaints that included cervical, thoracic, and right shoulder pain. Physical examination was noted for abnormal findings. The utilization reviewer noted that the injured worker had previously attended physical therapy, but there were no progress notes from the previous physical therapy submitted, nor were the number of completed visits made known. The utilization review performed on 12/30/2014 non-certified a prescription for 6 physical therapy 3 x 2 weeks for the thoracic spine as an out patient based on clinical findings submitted for review. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy sessions, 3x2 weeks for the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical therapy; Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Upper back; physical therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); " (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." There is a lack of documentation from the previous physical therapy visits specifying what functional gains were made and what the goals are for future visits. Therefore, the request for 6 additional physical therapy sessions, 3x2 weeks for the thoracic spine is not medically necessary.