

Case Number:	CM15-0129395		
Date Assigned:	07/16/2015	Date of Injury:	01/04/2013
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

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 47 year old female with an industrial injury dated 01/04/2013. The injured worker's diagnoses include cervical radiculopathy, lumbar strain, thoracic pain and myofascial pain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 06/19/2015, the injured worker reported total body pain and tingling throughout body. The injured worker reported that she has started physical therapy with improvement. She reported decreased stiffness, increased range of motion and decreased pain by 40-50%. Objective findings revealed tenderness to palpitation in the back and increasing pain with range of motion. Thoracic Magnetic Resonance Imaging (MRI) dated 01/06/2015 revealed mild compression fractures of T6 and T7 vertebral bodies with minimal degenerative disc disease at T2-T8. The treating physician prescribed services for twelve physical therapy sessions (frequency unspecified) for thoracic spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions (frequency unspecified) for Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2013 and is being treated for pain and tingling throughout her body with diffuse muscle spasms. When seen, she had started physical therapy two times per week and was feeling better. She had increased range of motion and 40-50% decreased pain. There was cervical and lumbar pain with range of motion and tenderness. There was decreased bilateral upper and lower extremity strength with decreased left upper and lower extremity sensation. Diagnoses were myofascial pain, thoracic pain, lumbar strain, and cervical radiculopathy. An additional 12 sessions of physical therapy was requested. The claimant is being treated for chronic pain with no new injury and had been participating in physical therapy treatment with improvement. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to finalize the claimant's home exercise program and does not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.