

<b>Case Number:</b>	CM15-0172707		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 was a 49-year-old male, who sustained an industrial injury, June 2, 2009. The injury was sustained while moving furniture in the office for an event. According to physical therapy progress note of December 22, 2014, the injured worker's chief complaint was thoracic spine pain. According to this physical therapy noted the injured worker was independent after 6 physical therapy visits with a home exercise program. The progress note of August 6, 2015, the injured worker chief complaint was a recent flare-up of pain rated 8-9 out of 10. The flare up was attributed to prolonged driving. The injured worker was feeling out of shape and gaining weight. The injured worker went back to physical therapy and received a [REDACTED] kit, but has not used it. The injured worker had started meditating. The physical exam noted discrete tender trigger points over the cervical, mid thoracic, upper extremity and lumbar areas. The inspection revealed a normal contour. The motor and sensation were intact. The gait was good. The straight leg raises were negative. The deep tendon reflexes were symmetric. The injured worker was undergoing treatment for thoracic strain and myofascial pain syndrome. The injured worker previously received the following treatments 6-8 physical therapy visits in 2009, thoracic spine MRI on January 11, 2013 was negative, massage therapy 2013, 6 physical therapy visits in December 2014, according to the notes the injured worker had recently completed 6 visits of physical therapy, Tylenol and Aleve. The RFA (request for authorization) dated August 6, 2015, the following treatments were requested physical therapy for the thoracolumbar spine 2 times a week for 3 weeks. The UR (utilization review board) denied certification on August 18, 2015, for the documentation was unclear as to how many prior physical therapy visits were already

completed. There was no documentation of functional improvement. There was no documentation of exceptional factors to warrant the need to exceed the guidelines recommendation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2x a week for 3 weeks for the thoracolumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. 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 (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of physical therapy already, and there is lack of documentation of functional improvement. According to the clinical documentation provided and current MTUS guidelines; additional physical therapy, as written above, this request is not medically necessary.