

Case Number:	CM15-0179192		
Date Assigned:	10/06/2015	Date of Injury:	03/11/2014
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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: 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 injured worker was a 28-year-old female, who sustained an industrial injury, March 11, 2014. The injured worker was undergoing treatment for cervicalgia and pain in the joint of the left shoulder region, lumbar radiculopathy, lumbago, myalgia and myositis of the cervical and lumbar spine. According to progress note of August 7, 2015, the injured worker's chief complaint was cervical pain, cervical myofascial pain and possible thoracic outlet syndrome. The injured worker had a history of left rotator cuff tear, low back pain, lumbar myofascial pain and lumbar radiculopathy. The injured worker noted a flare up of the low back pain over the prior three weeks with spasms and burning radiating down the right lower extremity. The injured worker was not taking medications at this time. The examination noted the injured worker had functional range of motion. There was tenderness of the lumbar spinous processes and right greater than the left gluteus medius muscles. The injured worker had functional strength as well. The facet loading maneuvers were negative. The injured worker previously received the following treatments home exercise program and no medications at this time. The RFA (request for authorization) dated the following treatments were requested physical therapy 2 times a week for 6 weeks for the thoracic spine. The UR (utilization review board) denied certification on August 28, 2015; for the physical therapy 2 times a week for 6 weeks for the thoracic spine (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for thoracic 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: Time-limited care plan with specific defined goals, assessment of functional benefit with modification of ongoing treatment based upon the patient's progress in meeting those goals and the provider's continued monitoring of successful outcome is stressed by MTUS guidelines. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It is unclear how many PT sessions have been completed; however, the submitted reports have not identified clear specific functional improvement in ADL's, functional status, or decrease in medication and medical utilization nor have there been a change in neurological compromise or red-flag findings demonstrated from the formal physical therapy already rendered to support further treatment. Submitted reports have also not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 2 times per week for 6 weeks for thoracic spine is not medically necessary and appropriate.