

<b>Case Number:</b>	CM15-0067005		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/22/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 28-year-old female, who sustained an industrial injury on 11/22/2014 reporting upper back and mid back pain while cleaning a shower with a mop. On provider visit dated the injured worker has reported back and thoracic area pain. On examination of the thoracic spine she was noted to tenderness and a restricted range of motion. The diagnoses have included thoracic discogenic myofascial pain secondary to strain; rule out disc protrusion versus annular tear and thoracic spin dysfunction. Treatment to date has included 6 sessions of physical therapy, x-rays and medication. The provider requested additional Physical Therapy 2 times a week for 3 weeks thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy 2 times a week for 3 weeks Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter Low Back Lumbar & Thoracic (Acute & Chronic) Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) The claimant

sustained a work injury in November 2014 and is being treated with a diagnosis of a thoracic sprain. Treatments have included six sessions of physical therapy with a reported 50% improvement. A typical course of treatment for this diagnosis would consist of up to 10 treatments over 5 weeks. In this case, the number of additional treatments being requested is in excess of the guideline recommendation and does not reflect a fading of treatment frequency. The request is not medically necessary. Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in November 2014 and is being treated with a diagnosis of a thoracic sprain. Treatments have included six sessions of physical therapy with a reported 50% improvement. A typical course of treatment for this diagnosis would consist of up to 10 treatments over 5 weeks. In this case, the number of additional treatments being requested is in excess of the guideline recommendation and does not reflect a fading of treatment frequency. The request is not medically necessary. Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.