

<b>Case Number:</b>	CM14-0155716		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 33-year-old female with a date of injury November 17, 2012. The records dated September 17, 2014 noted that the injured worker has right thoracic and right intercostal pain, left low back pain, buttock pain, and left hip pain. The pain was exacerbated with prolonged sitting. On examination, tenderness was noted over the left greater trochanter, right thoracic paraspinal muscles overlying the right T9-T10, T10-T11, T11-T12 facet joints, and right intercostals. Bilateral lower extremity ranges of motion were restricted by pain in all directions. The lumbar range of motion was limited by pain in all directions. The lumbar flexion was worse than extension. The cervical spine range of motion was limited by pain in all directions with extension worse than flexion. She is diagnosed with (a) left greater trochanteric bursitis, (b) left hip pain, (c) right thoracic facet joint pain at T9-T10, T11-T12, (d) thoracic facet joint arthropathy, (e) right intercostal sprain and strain, (f) thoracic spine sprain and strain, (g) lumbar sprain and strain, and (h) cervical spine sprain and strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Intercostals 6 treatments:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODGLow Back - Lumbar and Thoracic (Acute and Chronic updated 08/22/14)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The records indicate that the injured worker has not had any prior physical treatments directed to the right intercostal muscles and chest wall. Evidence-based Chronic Pain Medical Treatment Guidelines indicate that physical medicine treatment is important in the healing process for musculoligamentous sprain and strain. Better outcomes would be observed if adjunct home exercise program and exercises will also be provided. Based on these reasons, the medical necessity of the requested physical therapy for the intercostal muscles times 6 treatments is established. According to the utilization management determination, the records failed to document on what basis the intercostal muscles need to be stretched, strengthened and condition, and how these exercises related to intercostal pain. One of the diagnoses of the injured worker is right intercostal sprain and strain, and she had not had any prior physical therapy sessions to the said body part.