

Case Number:	CM13-0021861		
Date Assigned:	11/13/2013	Date of Injury:	05/15/2013
Decision Date:	01/03/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the cervical spine: Upheld

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

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

Decision rationale: This patient suffers from chronic pain in the neck, thoracic, low back areas as well as in the knee following an industrial injury. The treater has asked for 12 sessions of therapy. However, MTUS allows up to 8-10 sessions of therapy for sprain/strain, myositis/tendonitis which are the diagnosis that this patient currently has. While 8-10 sessions may be reasonable, 12 sessions are not recommended. The treater also does not discuss how the patient responded to prior therapy or when the patient has had therapy in the past. Recommendation is for denial. The request for physical therapy 2 x 6 for the cervical spine is not medically necessary and appropriate.

Physical therapy for the thoracic spine 2x6: Upheld

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

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

Decision rationale: This patient suffers from chronic pain in the neck, thoracic, low back areas as well as in the knee following an industrial injury. The treater has asked for 12 sessions of therapy. However, MTUS allows up to 8-10 sessions of therapy for sprain/strain, myositis/tendonitis which are the diagnosis that this patient currently has. While 8-10 sessions may be reasonable, 12 sessions are not recommended. The treater also does not discuss how the patient responded to prior therapy or when the patient has had therapy in the past. Recommendation is for denial. The request for physical therapy 2 x 6 for the thoracic spine is not medically necessary and appropriate.

Physical therapy for the lumbar spine 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient suffers from chronic pain in the neck, thoracic, low back areas as well as in the knee following an industrial injury. The treater has asked for 12 sessions of

therapy. However, MTUS allows up to 8-10 sessions of therapy for sprain/strain, myositis/tendonitis which are the diagnosis that this patient currently has. While 8-10 sessions may be reasonable, 12 sessions are not recommended. The treater also does not discuss how the patient responded to prior therapy or when the patient has had therapy in the past. Recommendation is for denial. The request for physical therapy 2 x 6 for the lumbar spine is not medically necessary and appropriate.

Physical therapy 2 x 6 for the bilateral knees: Upheld

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

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

Decision rationale: This patient suffers from chronic pain in the neck, thoracic, low back areas as well as in the knee following an industrial injury. The treater has asked for 12 sessions of therapy. However, MTUS allows up to 8-10 sessions of therapy for sprain/strain, myositis/tendonitis which are the diagnosis that this patient currently has. While 8-10 sessions may be reasonable, 12 sessions are not recommended. The treater also does not discuss how the patient responded to prior therapy or when the patient has had therapy in the past. Recommendation is for denial. The request for physical therapy 2 x 6 for the bilateral knees is not medically necessary and appropriate.