

Case Number:	CM13-0024768		
Date Assigned:	11/20/2013	Date of Injury:	09/20/2011
Decision Date:	02/04/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine 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. 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 worker had a date of injury of September 20, 2011. The patient's diagnoses include shoulder joint pain, lumbosacral intervertebral disc degeneration, brachial neuritis/radiculitis, sciatica, low back pain, and chondromalacia of patella. The most recent primary treating physician's progress report available for review has date of service October 4, 2013. Subjectively the patient continues use of H wave stimulation for 45 minutes daily. For neck pain is rated a two out of 10 and her low back pain is rated four out of 10. She is taking Gabapentin Cyclobenzaprine as well as over the counter Aspercreme. Her lumbar range of motion includes flexion to 10 cm and fingertip to floor distance, extension at 80% normal, right and left bending at hundred percent normal, and left and right rotation at 70% normal. There is tenderness noted over the posterior paraspinal muscles. In the treatment section, there is documentation that the request for physical therapy for four sessions is to teach home therapy exercises and the patient stated she never had instruction in physical therapy for home exercises when she was in and other providers care and had attended ██████ PT. The disputed issue is a request for four sessions of physical therapy for the lumbar spine. The utilization review performed on September 4, 2013 indicated that no further physical therapy was warranted. The stated rationale for this included the fact that the "number of completed [physical therapy] visits as well as clinical gains is not documented in the submitted records."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 4 visit Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Page(s): 99.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, "Physical Medicine Recommends". 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) ACOEM Chapter 12 on page 299 in Table 12-5 entitled "Physical Therapeutic Intervention" has recommendation for "1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening." Note that the ACOEM Chapter 12 recommendations supersede other guidelines since this chapter is directly adopted by the Chronic Pain Medical Treatment Guidelines. In the case of this injured worker, ideally there should already have been a full course of a formal physical therapy attempted. The documentation states that the patient was never educated self-directed home exercises. Therefore it is reasonable to allow one or two sessions of physical therapy for education and home exercises as specified by ACOEM Chapter 12. Since the independent medical review process cannot modify requests, the request for four additional sessions of physical therapy is not medically necessary. However it should be noted that this injured work