

<b>Case Number:</b>	CM13-0030335		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 injured worker is a 56-year-old male with a date of injury on June 11, 2013. The submitted documentation indicates that the patient has upper back pain in the thoracic spine, myofascial pain, shoulder and neck pain. In the submitted documentation there is an indication on a progress note from date of service August 28, 2013 that the patient was to continue home exercise program and trial normal duty as a cook. The notes indicate that the patient had participated in physical therapy for 12 visits. The patient made an attempt to return to work but was only able to work one day. The patient was noted to have limited activities of daily living including being unable to carry objects unless light and conveniently placed. The submitted documentation also includes a progress note on date of service November 13, 2013 which indicates that there was moderate improvement in upper back pain and neck pain. The treatment plan includes starting normal duty again. A utilization review determination on September 18, 2013 had noncertified this request. The rationale was that it was "not clear how much physical therapy has been completed" and it has been more than four months since the date of injury. The utilization reviewer cited that guidelines indicate that physical therapy should be completed within the first six weeks of treatment. Therefore additional physical therapy was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**physical therapy for the left upper back twice a week for three weeks: Upheld**

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

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

**Decision rationale:** By statute, the independent medical review process prioritizes the guidelines offered in the California Medical Treatment Utilization Schedule as a first priority, followed then by other national guidelines. With regard to physical therapy, the Chronic Pain Medical Treatment Medical Guidelines states the following on pages 98-99: "Physical Medicine 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) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks" With regard to this patient's functional improvement, there was inadequate documentation to justify the request for additional physical therapy. After formal physical therapy, guidelines recommend transition to self-directed home physical medicine. The