

Case Number:	CM13-0055192		
Date Assigned:	12/30/2013	Date of Injury:	03/22/2013
Decision Date:	10/22/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/20/2013

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, 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 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 36-year-old female with an original date of injury of March 22, 2013. The worker had been employed as a desk clerk at a hotel, and the mechanism of injury was a slip and fall on a walkway. The patient has chronic low back pain, lumbar degenerative changes, annular tear, lumbar radiculitis, and facet hypertrophy. She also has left knee contusion, thoracolumbar sprain, left hand strain, and left foot and ankle chronic pain. Treatment to date has included medications including narcotics, previous course of physical therapy of at least 18 sessions, and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF PHYSICAL THERAPY FOR THE LEFT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section 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 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. In the case of this injured worker, the submitted documentation indicate the patient has physical therapy in the past. There is no comprehensive summary of the functional benefit of previous physical therapy, and the documentation do not indicate how many sessions of physical therapy were applied to which body part. For instance there is a physical therapy note from March 2013 that indicates an initial evaluation for left foot and ankle issues. After review of the submitted documentation, there is no clear indication of how many sessions of physical therapy have been given for the left shoulder. The guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. Therefore additional physical therapy is not medically necessary without this type of information documented.