

Case Number:	CM14-0103015		
Date Assigned:	07/30/2014	Date of Injury:	09/20/2013
Decision Date:	09/18/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Rehabilitation & Pain Management 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 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 patient is a 58 year old male with an injury date of 09/20/13. Based on 05/12/14 progress report provided by [REDACTED], the patient complains of constant pain in the neck with generalized headaches. The neck pain is rated 9/10 and radiates up to the head and down the shoulders. Physical Exam:Cervical Spine: decreased range of motion- tenderness and myospasm to bilateral paraspinal muscles- facet tenderness: positive on rightTrapezius musculature: tenderness and increased tone bilaterallyDiagnosis:1. Cervical spine musculoligamentous injury with discopathy2. Cervical spine sprain and strainPrimary Physician's PR2 dated 01/30/14 states that patient has completed 5 visits and had shown improvement. Based on PR2 dated 06/16/14, patient is receiving continued therapies of Acupuncture 2 x 6 and Chiropractic treatments 2 x 6. [REDACTED] is requesting Physical Therapy times 12 visits for the neck. The utilization review determination being challenged is dated 06/23/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/30/14- 06/16-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 12 visits for the Neck: 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 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 Page(s): 98,99.

Decision rationale: This patient presents with cervical spine musculoligamentous injury without discopathy and cervical spine sprain and strain. The request is for Physical Therapy times 12 visits for the neck. Per Primary Physician's PR2 dated 01/30/14, the patient has completed 5 visits and had shown improvement. He is also being treated with Chiropractic and Acupuncture. For non-post-op therapy recommendations, MTUS pages 98,99 state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, ODG-TWC guidelines for neck pain state "Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1;721.0): 9-10 visits over 8 weeks." In this case, the requested 12 sessions of therapy exceeds what is allowed per MTUS and ODG guidelines. Also, there is no discussion regarding why home exercise is inadequate. Therefore, the request is not medically necessary.