

Case Number:	CM14-0123830		
Date Assigned:	08/08/2014	Date of Injury:	04/04/2014
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/05/2014

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 Medicine & Rehabilitation, 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 47 year old female with date of injury 4/04/14. The provider's report dated 5/20/14 indicates that the patient presents with pain affecting her right upper extremity, left hip, left knee, neck and back. The patient was walking into a hospital when her shoe got stuck; she tripped and fell forward, losing consciousness for a few seconds. When the patient regained consciousness she felt immediate pain to her right upper extremity, left hip, knee, neck and back. The patient rates her neck pain as 8/10; right shoulder 8/10; right elbow 5/10; right wrist 7/10; right index, middle finger and ring fingers 8/10; upper back 7/10; low back 8/10; left hip 7/10; left knee. X-rays have been performed on the left knee, right wrist, right shoulder and lumbar spine, which were normal. She is temporarily totally disabled. The current diagnoses are: 1. Cervical spine disc syndrome. 2. Cervical sprain/strain. 3. Lumbar disc syndrome. 4. Lumbar sprain/strain. 5. Shoulder sprain/strain. 6. Rotator cuff syndrome. 7. Wrist sprain/strain. 8. Rule out carpal tunnel syndrome. 9. Knee sprain/strain. 10. Rule out tear of medial meniscus. 11. Cervical radiculitis. 12. Lumbar radiculitis. 13. Anxiety. 14. Constipation. The utilization review report dated 7/14/14 denied the request for Physical Therapy 2 x 4 weeks based on the rationale of the current request being for Physical Therapy for the cervical spine, right shoulder, right wrist, lumbar spine and left knee. It is noted that prior physical therapy did not provide any relief or measurable improvement in function. It is unclear how more of the same treatment would yield in a better result. Medical necessity of the request is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Physical Therapy 2x4 weeks: 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 pg 98-99 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 based on Non-MTUS Citation Official Disability Guidelines (ODG (for example Total Knee Arthroplasty).

Decision rationale: This is a 47 year old female who presents with pain affecting her right upper extremity, left hip and knee, neck and back. The current request is for Physical Therapy 2 x 4 weeks. The patient was initially prescribed Physical Therapy and completed 5 sessions in 2 weeks. The patient showed no improvement in her symptoms and even complained of worsened pain in her left knee after one session. The patient last attended Physical Therapy 4/24/14. The MTUS Guidelines allow for 8-10 Physical Therapy Sessions for myalgia, myositis, neuritis and radiculitis. The patient has recently undergone 5 Physical Therapy Sessions but found no improvement at that time. The request for 8 more sessions after 5 unsuccessful sessions 4 months ago is unwarranted. The patient did not benefit from the prior course of Physical Therapy and

the provider does not elucidate why additional therapy would be of benefit. There is no documentation of improvement in functionality and the MTUS guidelines only allow for 8-10 sessions. The current request is outside of the MTUS recommendations. Therefore, the request is not medically necessary.