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| Case Number: | CM14-0158303 | | |
| Date Assigned: | 10/01/2014 | Date of Injury: | 11/28/2012 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 09/02/2014 |
| Priority: | Standard | Application Received: | 09/26/2014 |

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 Family 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 patient is a 53 year-old man who was injured at work on 11/28/2012. The injury was primarily to his back. He is requesting review of denial for physical therapy 2 x a week x 10 weeks. The medical records corroborate ongoing care for his injuries. These records include current diagnosis of chronic lumbosacral strain; advanced degenerative disc disease at L4-5 with mild central stenosis; and normal EMG. Treatment has included work restrictions; self-procured chiropractic treatments; muscle relaxants; non-steroidal anti-inflammatory drugs (NSAIDs); and opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 10 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical medicine modalities, such as physical therapy, for the treatment of low back complaints. Physical medicine modalities are recommended as part of a treatment program.

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) There are specific guidelines that detail the number and frequency of sessions based on the nature of the underlying condition. These guidelines indicate that the program should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home exercise program. The frequency and duration of physical therapy sessions is as follows: 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 In this case, the number of requested sessions exceeds the stated guideline recommendations for the total number of visits. Further, there is no evidence that the provider has followed the recommendations for a fading of treatment frequency. Finally, there is no documentation to indicate that the plan is to assist the patients towards an active self-directed home exercise program. In summary, the number of physical therapy sessions exceeds MTUS guidelines and there is insufficient documentation on the plans for a fading of treatment frequency and support for an active self-directed home exercise program. Therefore, this request is not medically necessary.