MAXIMUS Federal Services

Case Number:	CM14-0158365		
Date Assigned:	10/01/2014	Date of Injury:	06/07/2013
Decision Date:	10/28/2014	UR Denial Date:	09/19/2014
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 North Carolina. 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 66-year-old with a reported date of injury of 06/07/2013. The patient has the diagnoses of common peroneal nerve neuritis/entrapment. Per the most recent progress reports provided for review by the primary treating physician dated 08/14/2014, the patient reported decreased pain to the right leg with continued tingling and numbness down the right leg. The physical exam noted moderate tenderness to the posterior aspect of the right leg, common peroneal nerve, positive Tinel's with radiation down the right leg, decrease in pinprick sensation and edema of the right leg. Treatment plan included cortisone injection to the common peroneal nerve. Progress notes form 09/16/2014 continued symptoms of right leg pain. Treatment plan recommendations included a request for a second opinion on the diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Leg: 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 Page(s): 98-99.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines section on Physical Medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do notrequire 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 reducingswelling, 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 one 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. The provided progress notes do not mention physical therapy except in the subjective portion of the notes stating the patient had undergone 4 sessions of physiotherapy with a 30% improvement. The utilization review states the patient had undergone 12 session of physical therapy. The request does not specify the amount of physical therapy sessions. In the absence of this documentation as well as objective outcome date from any previous physical therapy, the request cannot be medically necessary, as it cannot be deemed if it is in accordance with the California MTUS guidelines as specified above.