

Case Number:	CM14-0023746		
Date Assigned:	06/11/2014	Date of Injury:	05/14/2012
Decision Date:	07/31/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 59-year-old male with a history of an industrial injury on 5/14/2013 to his neck, right shoulder, lumbosacral region, left knee and wrist as result of being rear ended by another tractor trailer, while his own vehicle was stopped at a scale, traveling approximately 55 - 60 mph. According to his PR-2's from October 2013 to January 2014, he continues to complain of the above listed areas of discomfort. He reports a decreased range of motion of his involved shoulder and wrist, stiffness in his mid and lower back and persistent pain over the anterior aspect of his left knee. On examination, he has mild tenderness along the cervical paraspinal muscles with associated slightly decreased range of motion in all planes. His right shoulder examination is positive for tenderness over the anterolateral aspect of his shoulder with appreciable decreased range of motion in abduction, flexion and internal rotation with a positive Hawkins provocative test. His neurovascular exam is benign. From a psychological perspective, the patient has been diagnosed with posttraumatic stress disorder (PTSD), anxiety, depression, multiple fears and nightmares as result of the motor vehicle accident. His wrist underwent an MRI in late 2013 and found to have a scarred scapholunate ligament associated with a dorsal ganglionic cyst, degeneration and fraying of the triangular fibrocartilage complex (for which he recently had surgical repair on January 16, 2014) and mild flexor tenosynovitis with a normal appearing median nerve and a small volar radiocarpal ganglion deep to the radial neurovascular bundle. The dispute is a decision for additional physical therapy, 2 X 3 for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 173-177; 201-205; 298-303; 337-339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

Decision rationale: In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. Patients shall be reevaluated following continuation of therapy when necessary or no later than every forty-five days from the last evaluation to document functional improvement to continue physical medicine treatment. Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals. The patient's medical documentation reports that physical therapy is helping to some extent; however, it does not delineate which areas of his body (wrist, right shoulder, lumbosacral or knee) the physical therapy is addressing. Upon questioning of activities of daily living, the patient reports not being able to lift a garbage bag. According to the Rehabilitation Services progress report, the patient was not able to demonstrate his home exercise program, and felt that his pain had not really changed regarding his neck, back and knee pain. Additionally, the patient's own subjective feedback was typically that his pain felt the same or had not improved with infrequent statements of being helped. As functional improvement needs to be documented to approve further therapy, the request is not medically necessary and appropriate.