

Case Number:	CM14-0040292		
Date Assigned:	06/27/2014	Date of Injury:	08/27/2013
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 and Rehabilitation, 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 51-year-old with an injury date on 8/27/13. No treatment reports were provided, but utilization review dated 3/24/14 provides the following diagnoses from a 2/27/14 report by the provider: lower back pain with left flank pain, left shoulder pain, right shoulder bursitis, left carpal tunnel syndrome (CTS), and right wrist pain. The utilization review mentions exam from 2/27/14 which showed "shoulder flex bilateral at 125 degree, external rotation at 70 degree. Moderate pain on Tinel's at left, upper extremities 4/5 due to pain." The provider is requesting additional physical therapy two times per week for right arm, qty: 12, additional physical therapy two times a week for left arm, qty: 12, and initial physical therapy for the lumbar spine two times a week, qty: 12. The utilization review determination being challenged is dated 3/24/14 and modifies the 3 requests into a single request, stating "six additional physical therapy for the bilateral upper extremities and low back." The provider is the requesting provider, but no treatment reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right arm additional physical therapy, two (2) times per week, RFA 3/11/14, Qty: 12.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal

Tunnel Syndrome (Acute & Chronic), Elbow, Forearm Wrist & Hand: Physical Therapy Guidelines.

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

Decision rationale: The MTUS guidelines recommend that passive therapy 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. The MTUS indicate that physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, the guidelines allow 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits is allowed over 4 weeks. For reflex sympathetic dystrophy, 24 visits are allowed over 16 weeks. In this case, subjective pain was not included in provided documentation. The treating physician has asked additional physical therapy two times per week for right arm, qty: 12, but request for authorization was not included in provided reports. The utilization review letter dated 3/24/14 states that patient has had six sessions of physical therapy for upper extremities in September 2013 with some improvement per insurance company notes of unspecified date. In this case, patient has completed six sessions of physical therapy. The treating physician has asked for twelve physical therapy visits but documentation does not explain necessity of additional therapy. As the requested 12 physical therapy sessions for the right arm exceed the MTUS guidelines recommendations, the recommendation is for denial.

Left arm additional physical therapy, two (2) times per week, RFA 3/11/14, Qty: 12.00:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic), Elbow, Forearm Wrist & Hand: Physical Therapy Guidelines.

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

Decision rationale: The MTUS guidelines recommend that passive therapy 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. The MTUS indicate that physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, the guidelines allow 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits is allowed over 4 weeks. For reflex sympathetic dystrophy, 24 visits are allowed over 16 weeks. In this case, subjective pain was not included in provided documentation. The treating physician has asked additional physical therapy two times a week for left arm, qty: 12, but request for authorization was not included in provided reports. The utilization review letter dated 3/24/14 states that patient has had 6 sessions of physical therapy for upper extremities in September 2013 with some improvement per insurance company notes of unspecified date. In this case, the patient has completed six sessions of physical therapy. The treating physician has asked for 12 additional physical therapy visits but documentation does not explain necessity of additional therapy. As requested 12 physical therapy sessions for the left arm exceed MTUS guidelines, the recommendation is for denial.

Lumbar initial physical therapy, two (2) times per week, RFA 3/11/14, Qty: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic): Physical Therapy Guidelines.

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

Decision rationale: The MTUS guidelines recommend that passive therapy 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. The MTUS indicate that physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, the guidelines allow 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits is allowed over 4 weeks. For reflex sympathetic dystrophy, 24 visits are allowed over 16 weeks. In this case, subjective pain was not included in provided documentation. The treating physician has asked initial physical

therapy for the lumbar spine two times a week, qty: 12 but request for authorization was not included in provided reports. The patient has not had prior physical therapy for the back and no recent surgeries in provided documentation. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is indicated for up to 10 physical therapy sessions for this type of condition; however, the requested 12 physical therapy sessions exceed MTUS guidelines. As such, the recommendation is for denial.