

Case Number:	CM14-0051992		
Date Assigned:	07/07/2014	Date of Injury:	06/11/2010
Decision Date:	08/25/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal 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:

This is a 40-year-old man who has a date of injury on June 11, 2010. There was an explosion causing him significant injury to his rib cage, lungs, hand and lumbar back. He lost consciousness and had to be mechanically ventilated. He has had numerous surgeries that include an open reduction and internal fixation of several of his metacarpals and left rib cage surgery. He was in the hospital for 20 days. He continues to have pain in his left hand, lumbar back pain, and headaches, the latter for which he takes Vicodin. According to an Internal Medicine consultation on October 18, 2013, he did have physical therapy and acupuncture in 2011 after his rib cage surgery and had temporary relief. In 2012 he again had physical therapy and acupuncture, but this might have been for his hand after undergoing left wrist surgery. He does not recall how long those sessions lasted. In 2012 he was placed on disability. On December 18, 2013 he reported ongoing problems related to his left hand and the internist thought he should have physical therapy twice weekly for six weeks to help strengthen his hand. The records do not show that this was ever requested or authorized. On February 19, 2014, the complainant was seen by an Orthopedist with a complaint of lumbar stiffness and spasm. The Orthopedist stated that it had been more than six months since he had undergone any treatments to this area, therefore the patient wanted to repeat physical therapy. Additionally, his transcutaneous electric nerve stimulation (TENS) was no longer working so he requested a replacement since it had previously given him relief. On March 26, 2014 the request was placed for physical therapy two times a week for six weeks for the lumbar spine. No clarification was given as whether any other conservative measure had been tried. He seemingly has not been tried on any medications such as tricyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressants, anti-seizure medications such as Gabapentin or Lyrica, or anti-inflammatories, though about three years of medical records were not submitted. It is unclear if the patient has had a flare in his

symptomatology or whether this is a normal chronic issue. It is not known if he has any home physical therapy program. He did have a lumbar spine MRI obtained March 2, 2012. It showed mild degenerative disc disease with disc desiccation at L4-5 & L5-S1. He had an annular tear at L4-5. There was also mild degenerative facet hypertrophy. No central or foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the lumbar spine: 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 Pain Interventions and Treatments, Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Integrated Treatment/Disability Duration Guidelines for Chronic Pain.

Decision rationale: The MTUS recommends Physical Therapy under certain guidelines. 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 for task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. (It is unclear if this patient is exercising at home.) The Physical Medicine Guidelines further allow for fading of treatment frequency (from up to three visits per week to 1 or less), plus active self-directed home physical medicine. Myalgia, myositis, unspecified: (ICD9 729.1) 9 to 10 visits over eight 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. A different source, the Official Disability Guidelines (ODG) has a note that states: In workers' compensation cases, providers may need to shift focus from a cure and relieve strategy to a functional restoration paradigm. Too much attention may be focused on the pain and not enough on functional restoration and gain that encourages coping strategies and the desirable outcome of working with pain. Also consider the possibility of patients developing Wounded Worker Syndrome, a chronic pain condition characterized by failure of an injured worker to respond to conventional healthcare measures, and prolonged disability with continued absence from the workplace. The main contributor of this condition may be the healthcare system itself, which reinforces the sickness role of the injured worker and provides many misguided interventions due to a lack of adequate assessment of underlying psychosocial factors. This patient clearly has had more than the 10 physical therapy visits which the MTUS allows for. There is no discussion on his Functional level except to state that he is not working. It is unclear why he is not working and whether he has made any attempt to return to work. Without the records giving a more detailed history and clarification of the reason for requesting physical therapy again, the requested Physical Therapy is deemed not medically necessary.