

Case Number:	CM14-0062869		
Date Assigned:	09/18/2014	Date of Injury:	01/19/1999
Decision Date:	10/16/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 67-year-old woman who sustained a work related injury on 01/19/1999. Subsequently, she developed chronic neck, low back and left shoulder pain. According to a progress report dated July 15, 2014, the patient complains of intermittent low back pain, rated 2/10, with associated sharp pain on the left side radiating down to the left knee. She also complaining of intermittent sharp left shoulder pain, rated 5/10, with associated numbness and tingling sensation, as well as spasms of the left upper extremity. Her current medications include Zanaflex and Cymbalta. She was status post lumbar spine epidural injection dated May 27, 2014, which provided her with 75% improvement. Examination of the left shoulder revealed mild improvement in range of motion to approximately 25%. Examination of the left knee dated March 25, 2014 revealed severe patellofemoral grind, medial and lateral joint line tenderness. The patient was diagnosed with status post bilateral arthroscopy with residuals, left shoulder impingement, and herniated nucleus pulposus at L3-4 measuring 4 mm and moderate bilateral neural foraminal stenosis, chronic pain syndrome status post anterior cervical decompression and fusion, moderate left greater than right carpal tunnel syndrome, neural foraminal stenosis and moderate right neural foraminal stenosis at L5-S1, chronic low back pain, mild bilateral distal ulnar neuropathy, bilateral sacroiliitis with acute flare-up, acute flare-up of sciatica in the bilateral lower extremities and disc protrusion at L3-4 with moderate bilateral neural foraminal stenosis. The patient had at least 12 visits of post op physical therapy for the left shoulder and unspecified number of physical therapy for the knees. Her provider requested authorization for Physical therapy to the left shoulder and bilateral knees 2-3 visits for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder and bilateral knees 2-3 visits for 4 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Chronic Pain Treatment Guidelines for Physical Therapy..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is <Recommended as indicated below. 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)>In this case, there is no documentation of the outcome of previous physical therapies and the rationale for additional sessions is not clear. There is no documentation of objective pain and functional improvement of previous 12 sessions of physical therapy. Additional documentation of objective improvement in pain and function need to be provided with previous physical therapy need to be provided. Therefore, the request for additional physical therapy for the left shoulder and bilateral knees is not medically necessary.