Case Number:	CM14-0121748		
Date Assigned:	08/06/2014	**Date of Injury:**	05/08/2014
Decision Date:	04/21/2015	**UR Denial Date:**	07/11/2014
Priority:	Standard	**Application Received:**	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 injured worker is a 42 year old male, who sustained an industrial injury on 5/8/14. He has reported multiple body areas of injury. The mechanism of injury was not noted. The diagnoses have included head pain, cervical spine strain/sprain, thoracic spine strain/sprain, lumbar spine strain/sprain with radiculitis, bilateral elbow strain/sprain, bilateral wrists strain/sprain, bilateral hips strain/sprain, and bilateral knee sprain/strain rule out bilateral knee internal derangement. Treatment to date has included medications and physical therapy. Currently, as per the physician progress note dated 6/4/14, the injured worker complains of headaches as well as pain in the neck, back, bilateral shoulders and arms, bilateral elbows/forearms, bilateral hips/thighs, bilateral knees and bilateral feet. He complains of pain and numbness in the bilateral wrists/hands. The headaches were rated 7/10 on pain scale, 7-8/10 in the neck area, mid upper back and left shoulder and arm have decreased to 2/10, the pain in the right shoulder/arm was rated 7-8/10, bilateral wrists/hands and right ankle and foot were rated 4/10, the bilateral hips/thighs were rated 3-4/10, bilateral knees were rated 4/10, the left ankle and foot were rated 4-5/10 and bilateral elbows and forearms were rated 4/10 on pain scale. The physical exam revealed cervical spine tenderness, restricted range of motion, and positive cervical compression test. The thoracic spine had tenderness and restricted range of motion. The lumbar spine had tenderness, restricted range of motion and positive straight leg raise bilaterally. The bilateral shoulders revealed tenderness, restricted range of motion and impingement and supraspinatus tests were positive on the right. The bilateral arms revealed tenderness to palpation. The current medications were not

noted and there were no previous therapy sessions noted. The Treatment Plan included continuing with physical therapy two times a week for two weeks and urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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)." There is no documentation of the number, efficacy, and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 4 physical therapy sessions is not medically necessary.

USD: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. "(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." There is no evidence that the patient have aberrant behavior for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for retrospective Urine drug screen is not medically necessary.