

Case Number:	CM14-0155965		
Date Assigned:	09/25/2014	Date of Injury:	07/28/2003
Decision Date:	01/26/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Practice, and is licensed to practice in North Carolina. 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 48 year old female sustained a work related injury on 7/28/2003. The mechanism of injury was not described. The current diagnoses are cervical sprain, impingement/ tenosynovitis/ bursitis, status post right knee arthroscopy, and status post carpal tunnel release. According to the progress report dated 8/4/2014, the injured workers chief complaints were worsening cervical spine, left shoulder, and right knee pain. She reported on 8/1/2014, her right knee gave way and she fell in the shower, landing on her right knee. She had immediate swelling and increased pain. She applied ice and took pain medications with temporary relief. The physical examination of the right knee revealed tenderness and swelling. Flexion is 120 degrees with pain. There is patellofemoral crepitus and medial joint line tenderness. Anterior and posterior drawer are negative. She has difficulty rising from a seated position. Right antalgic gait was noted. Current medications are Tylenol #3 and Anaprox. On this date, the treating physician prescribed physical therapy, which is now under review. The treating physician did not describe any specific reasons for prescribing the physical therapy. According to the Utilization Review, the injured worker was previously treated with extensive physical therapy; however, there were no specific dates or results. No diagnostic imaging reports or surgical procedures were noted within the records provided. When physical therapy was prescribed work status was to return to work. On 9/8/201, utilization review had non-certified a prescription for physical therapy. The physical therapy was non-certified based on no documentation of objective functional improvement from previous physical therapy. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 xs week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: The California chronic pain medical treatment guidelines section on physical medicine states: 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. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 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. Physical therapy/occupational therapy is a recommended treatment option for chronic ongoing pain per the California MTUS. The utilization review states that the patient has already underwent "extensive" previous physical therapy for the requested areas, though there are no specifics in the provided review documentation. However, the requested amount of sessions is in excess of the recommendations per the California MTUS. There is no explanation per the requesting physician why the patient would need more physical therapy sessions than the recommended number per the guidelines. Therefore the request is not medically necessary and appropriate.