

Case Number:	CM14-0181220		
Date Assigned:	11/05/2014	Date of Injury:	08/03/2009
Decision Date:	01/15/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 injured worker sustained an injury on 8/03/2009 which was a contusion to the medial right knee. The records show that he had additional complaint of neck and low back pain as well as left knee pain. He would have lumbar decompression surgery at L4-5 and right knee arthroscopic surgery in April 2010 followed by a total right knee arthroplasty in March 2012. Additional treatment has included medications, extensive physical therapy and lumbar epidural steroid injections. His current diagnoses include right knee pain status post right knee arthroplasty, left knee strain, lumbar intervertebral disc herniation with radicular complaints status post L4-5 laminectomy and discectomy, anxiety and depression related to the injury and constipation secondary to opioid use. The primary treating physician has requested physical therapy 2 times per week for 6 weeks for the lumbar and cervical spine to increase strength and range of motion and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to Cervical and Lumbar Spine 2 times a 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy and Neck and Upper Back, Physical therapy

Decision rationale: The MTUS states 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 therapies 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. 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 instructions. 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. The use of active treatment modalities versus 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 greater than passive treatments incurred fewer treatment visits, 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. The ODG Guidelines for neck and upper back and low back note that physical therapy is recommended for 10-12 visits over 8 weeks. The utilization review dated 10/22/14 did not certify the request for physical therapy for the lumbar spine 2 times per week for 6 weeks, but modified for 4 visits to establish and continue a home exercise program. The MTUS notes that passive therapies can provide short-term relief during the early phases of treatment. The neck and low back condition in this case is chronic in nature. Although active therapy may require some supervision from a therapist, patients are expected to continue therapy at home. The previous utilization review decision is appropriate considering the MTUS guidelines. The request for physical therapy for the cervical and lumbar spine, 2 times per week for 6 weeks is not medically necessary.