

Case Number:	CM14-0181995		
Date Assigned:	11/06/2014	Date of Injury:	01/27/2014
Decision Date:	04/01/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This 27 year old male sustained a work related injury on 01/27/2014. Diagnoses included status post closed head injury without loss of consciousness with facial laceration, mild traumatic head injury, posttraumatic headaches with associated numbness and posttraumatic labyrinthine concussion. As of a progress report dated 06/19/2014, the injured worker complained of headaches. The provider noted that an MRI of the brain was found to be within normal limits. According to a progress report dated 08/21/2014, the injured worker reported slow improvement in his right shoulder and had only 3 sessions of physical therapy. Pain was still 5 on a scale of 1-10. Functional status was marked as improved since last examination. Pain intensity was decreased. The provider recommended to continue physical therapy as scheduled. On 10/08/2014, Utilization Review non-certified physical therapy three times a week for four weeks for the cervical spine and right shoulder and a home exercise kit for the cervical spine and right shoulder. According to the Utilization Review physician, in regard to physical therapy, there was lack of significant functional improvement as a result of previous treatment. Also the injured worker had already exceeded the recommended number of treatment sessions for his condition. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to the exercise kit, it was not established as to why the injured worker would require additional extraneous equipment such as found in an exercise kit. The State of Colorado Department of Labor & Employment medical treatment guidelines for chronic pain disorders was referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 objective findings that the patient condition needed physical therapy. The patient has had several physical therapy sessions without documentation of clear benefit. Therefore, Physical Therapy Cervical Spine and right shoulder 3x 4 is not medically necessary.

Purchase for home exercise kit for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According to MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no clear documentation for the need of home exercise program; the patient cervical range of motion was relatively preserved and there is no documentation of disabling pain. In addition, the request does not address who will be monitoring the patient functional improvement. Therefore, the request for home exercise kit for the cervical spine is not medically necessary.

Purchase home exercise kit for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: According to MTUS guidelines, an exercise program is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no clear documentation for the need of home exercise program. There is no documentation of disabling pain. In addition, the request does not address who will be monitoring the patient functional improvement. Therefore, the request for home exercise kit for the right shoulder is not medically necessary.