

Case Number:	CM14-0202451		
Date Assigned:	12/15/2014	Date of Injury:	07/07/2014
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/03/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Utah. 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 64 year-old male. The patient's date of injury is 7/7/2014. The mechanism of injury was a fall from a tanker about 12 feet. The patient has been diagnosed with rib fractures, clavicular fracture, liver laceration, history of pneumothorax, rotator cuff tear, greater trochanteric bursitis, right internal hip derangement, right gluteal contusion, thoracic myofascial pain and AC joint osteoarthritis. The patient's treatments have included physical therapy, imaging studies, and medications. The physical exam findings dated Oct 14, 2014 shows the patient is no apparent distress. There is limited range of motion of the right shoulder with abduction 100 degrees. There is a positive impingement test on the right. Strength is noted as full in both arms. There is tenderness along the right lateral and posterior ribs. There is full strength in both legs. There is tenderness over the right greater trochanter and negative bilateral straight leg raise. The patient's medications have included, but are not limited to, Coreg, Lipitor, Lisinopril, Phenytoin, Aspirin, Folic acid, Aleve and Tylenol. The request is for 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6 Wks for the right shoulder, right rib and right hip, QTY: 12:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT); Hip & Pelvis, Physical medicine treatment

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. MTUS guidelines state the following: 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) 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. According to the clinical documentation provided and current MTUS guidelines; Physical therapy is indicated as medically necessary to the patient at this time.