

<b>Case Number:</b>	CM14-0202892		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/14/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 is a 50 year old female who sustained a work related injury on 9/14/2014 caused by a slip and fall on water on the floor while walking to get a bucket. She fell onto her buttocks. She broke the fall with her left upper extremity. Per the Primary Treating Physician's Progress Report dated 10/18/2014 the injured worker reported pain in the cervical spine rated as a 9 out of 10 with radiation to the bilateral shoulders and fingertips with associated numbness weakness and tingling. The pain is described as constant, sharp, achy and throbbing. She also reports pain to the lumbar spine rated as a 9 out of 10 with radiation to the bilateral legs, left greater than right, down to the calves with associated numbness and cramping. The pain is described as constant, sharp, achy and throbbing. Physical Examination revealed an antalgic gait to the left, exacerbated by heel to toe walk. There is moderate tenderness and spasm noted over the paraspinal muscles extending to the bilateral trapezius muscles. Spurling sign and axial head compression tests were positive. There is facet tenderness noted along the C4-7 levels. There is bilateral shoulder pain in the acromioclavicular joint. There is diffuse tenderness to palpation noted over the lumbar paraspinal muscles with mild to moderate pain in the lumbar spine. There is moderate facet tenderness noted along the L4-S1 levels. Diagnoses included cervical and lumbar discopathy, lumbar facet syndrome, cervical and lumbar radiculopathy, bilateral shoulder sprain/strain status post left shoulder arthroscopy (2002) and bilateral sacroiliac joint arthropathy. The plan of care included magnetic resonance imaging (MRI), an orthopedic consult, follow-up care, physical therapy and medications. Work Status was deferred to the primary care physician and was not provided. Per the UR, prior care has included physical therapy but the number of sessions has not been included in the documentation submitted for review. On 11/07/2014, Utilization Review modified a prescription for physical therapy 3 times a week for 6 weeks of bilateral shoulders,

back and neck because the number of visits prescribes exceeds the guideline recommendations. The CA MTUS ACOEM Guidelines and Official Disability 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 times a week for 6 weeks of Bilateral Shoulders, Back, Neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder, Low Back, Neck & Upper Back

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Physical Medicine 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) It is appropriate to modify this request as has been done by the claims administrator via the utilization review process. The original request for 18 sessions of physical therapy is not medically necessary.