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| Case Number: | CM14-0204084 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 03/26/2012 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 32 year old female sustained a work related injury on 3/26/2012. The mechanism of injury was reported to be injury from cumulative trauma. The current diagnoses are brachial plexus disorder, fibromyositis, and carpal tunnel syndrome. According to the progress report dated 11/18/2014, the injured workers chief complaints were right arm and hand pain as well as tingling in the fingers. Additionally she reports a "clicking" sensation in her right shoulder when using her right arm. The physical examination revealed a positive neural tension sign at the right shoulder. There was an increase in pain and tingling upon elevating the right arm in the abduction position. Current medications are Ibuprofen, Lidoderm 5% patch, Tramadol, and Wellbutrin. On this date, the treating physician prescribed 6 initial physical therapy sessions to the right upper extremity, which is now under review. The physical therapy was prescribed specifically to treat a thoracic outlet syndrome. In addition to the physical therapy, the treatment plan included home exercises. When physical therapy was first prescribed work status was regular. On 11/26/2014, Utilization Review had non-certified a prescription for 6 initial physical therapy sessions to right upper extremity. The physical therapy was non-certified based on the expectation that the injured worker would be on a self-directed home program by now. The California MTUS Chronic Pain Medical Treatment 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 twice weekly for the right upper extremity QTY #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, Brachial Plexus Lesions, Carpal Tunnel Syndrome - Physical Medicine treatment, Forearm, wrist & Hand- Physical/Occupational Therapy

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 [Complex Regional Pain Syndrome]. (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 are no recent objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation that the patient cannot perform home exercise. There is no documentation of the outcome of previous sessions of physical therapy. Therefore, the request for physical therapy twice weekly for the right upper extremity QTY #6 is not medically necessary.