

Case Number:	CM14-0027422		
Date Assigned:	06/13/2014	Date of Injury:	02/20/2012
Decision Date:	01/06/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 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:

The patient is a 60-year-old woman who sustained a work related injury on February 20, 2012. Subsequently, she developed low back, neck, and shoulder pain. The report dated December 19, 2013 indicated that an undated cervical MRI showed a 1mm disc bulge at C20-3, 1.5 mm to 2mm disc bulge at C3-4 and C4-5, 1 mm disc bulge at C5-6, and 1.5 mm disc bulge at C6-7. Based on the physical therapy report dated January 9, 2014, the patient has completed 8 sessions of therapy. She reported a reduction of neck and bilateral hand pain since the start of physical therapy but noted that she is still having intermittent days when she does have significant pain and difficulties with performing daily activity. According to the progress note dated January 20, 2014, the patient still reports continued pain to the neck and lower back. It has been noted that she has completed physical therapy. Examination of the cervical spine revealed paraspinal tenderness to palpation. Spasm was noted about the bilateral trapezial areas. Forward flexion was 40 degrees, extension 40 degrees, rotation to the right and left 60 degrees, and lateral bending to the right and left 20 degrees. Pain was reproduced with motion, with shooting-type pain into the bilateral upper extremities. Right shoulder forward flexion was 140 degrees, abduction 100 degrees, internal rotation 70 degrees, and external rotation 70 degrees. Pain was reproduced with motion. Neer sign and Hawkins test were positive. Left shoulder forward flexion was full, abduction full, internal rotation 70 degrees, and external rotation 70 degrees. Bilateral wrists had positive Tinel and Phalen sign. Decreased sensation was present in the index finger, and thumb of both hands. Lumbar spine had paraspinal tenderness to palpation. Spasm was noted about the lower lumbar region. Forward flexion was 60 degrees, extension 20 degrees, and lateral bending to the right and left 20 degrees. Range of motion was painful. The patient was diagnosed with cervical spine disc bulge, bilateral shoulders rotator cuff injury with impingement, bilateral hands carpal tunnel syndrome, and lumbar spine disc bulge. Her provider requested authorization

for physical therapy 2 x week for 4 weeks for the neck, bilateral shoulders, hands and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X Week for 4 Weeks for the Neck, Bilateral Shoulders, Hands and Lower Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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)>.In this case, the patient still reported continued pain to the neck and lower back after completing 8 sessions of physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, PHYSICAL THERAPY 2 X WEEK FOR 4 WEEKS FOR THE NECK, BILATERAL SHOULDERS, HANDS AND LOWER BACK is not medically necessary.