

Case Number:	CM15-0000949		
Date Assigned:	01/12/2015	Date of Injury:	04/15/2011
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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:

The injured worker is a 65-year-old female, who sustained an industrial injury on April 15, 2011 from a fall. A magnetic resonance imaging scan of the left shoulder performed on May 24, 2014 revealed a small partial tear involving the distal supraspinatus tendon at the articular surface without tendon retraction or muscle atrophy and the right shoulder indicated a partial thickness tear involving the distal supraspinatus and the tendon at the articular and bursal surface without tendon retraction. The diagnoses have included headaches, multilevel lumbar degenerative disc disease, lumbar spondylosis, cervical foraminal stenosis at the C4 through the C7, left shoulder impingement syndrome, left and right shoulder partial-thickness rotator cuff tear, right chronic L5 radiculopathy, cervical radiculopathy, multilevel cervical discopathy and coccydynia. Treatment to date has included medications, physical therapy with a home exercise program, acupuncture and routine monitoring. Currently, the IW complains of increased shoulder and neck pain with occasional left hand and toes tingling. The worker also complained of increased spasms, decreased range of motion. Current diagnoses include cervical strain, with spondylosis at C5-C7. The physician also documented decreased functioning secondary to worsening of radiating pain. Plan of care included additional physical therapy and a Neurontin trial. On December 12, 2014, the Utilization Review decision non-certified the request for four physical therapy visits over four weeks, noting that the guidelines allow for ten visits over eight weeks and the worker history reflects 20 visits completed with no sustained gains documented, a remote original injury with no documented functional improvements after the most recent physical

therapy. The ODG was cited. On December 16, 2014, the injured worker submitted an application for IMR for review of four physical therapy visits over four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, once weekly for 4 weeks, cervical and lumbar spine, QTY: 4:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Physical Therapy; ODG Physical Therapy Guidelines; ODG Low Back, Physical 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. (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). The patient underwent 20 physical therapy sessions without documentation of clear benefit and functional improvement.