MAXIMUS Federal Services

Case Number:	CM15-0007850		
Date Assigned:	01/26/2015	Date of Injury:	11/16/2008
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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 53 year old female who sustained an industrial injury reported on 11/16/2008. She has reported multiple physical and emotional complaints. The diagnoses have included chronic musculoligamentous sprain of the lumbosacral spine; large disc herniation - protrusion lumbar 5 - sacral 1 with impingement; chronic musculoligamentous sprain of the cervical spine; left upper extremity radial nerve peripheral neuropathy Arcade of Frohse; left thoracic outlet syndrome resulting in vascular headaches; right shoulder rotator cuff tendonopathy; and bilateral cervical ribs. Treatments to date have included consultations; diagnostic imaging and electrodiagnositc studies of the upper and lower extremities; arthrogram - left shoulder (7/10/14); psychological treatments; surgeries (1/27/10, 8/29/11, 6/14/12, & 9/8/14); physical therapy; injection therapy; and medication management. The status classification for this injured worker (IW) was noted to be temporarily totally disabled. On 12/29/2014 Utilization Review (UR) non-certified, for medical necessity, the request made on 12/16/2014, for physical therapy 2 - 3 x a week x 4 - 6 weeks (or 18 sessions), the Official Disability Guidelines, physical medicine chapter, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY #18: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine

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 underwent surgery on September 8, 2014 and physical therapy has been done postoperatively but there is no documentation of benefit or functional improvement. Therefore Physical Therapy#18 is not medically necessary.