

Case Number:	CM15-0007920		
Date Assigned:	01/26/2015	Date of Injury:	10/27/2004
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/14/2015

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 43-year-old female, with a reported date of injury of 10/27/2004. The diagnoses include wrist pain, neck pain, cervical/thoracic discopathy, and overuse syndrome of the bilateral wrists. Treatments have included physical therapy, and oral medications. The progress report dated 10/17/2014 indicates that the injured worker had constant sharp pain in the cervical spine, with radiation of pain into the upper extremities. There were associated migraine headaches and tension between the shoulder blades. She rated her pain 9 out of 10. The injured worker also had frequent throbbing pain in the bilateral wrist, but greater in the right. She rated the pain 7 out of 10. An examination of the cervical spine showed tenderness to palpation of the paravertebral muscle with spasm, limited range of motion with pain, and no evidence of instability. The examination of the bilateral wrists showed tenderness at the dorsal aspect of the wrists, right greater than left, a positive palmer compression test, positive Tinel's sign, full range of motion with pain, and no evidence of instability. On 11/21/2014, the physical therapist recommended physical therapy for the cervical spine and right wrist to improve muscle strength, range of motion, flexibility, and muscle function, and to decrease pain. On 12/11/2014, Utilization Review (UR) denied the request for physical therapy two (2) times a week for six (6) weeks for the cervical spine and right wrist. The UR physician noted that the injured worker was over ten years post injury, there was limited information regarding the number of physical therapy sessions completed to date, the last date of service, and response to conservative care performed in the past, and there was limited evidence of recent exacerbation or significant

progression of symptoms to support the request. The MTUS Chronic Pain Guidelines and Non-MTUS 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 2x6 cervical spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary; Carpal Tunnel Syndrome Procedure Summary

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). There is no documentation of objective findings that the patient condition needed additional physical therapy. The patient underwent several physical therapy sessions without documentation of clear benefit. In addition, there is no documentation regarding the patient's response to medication. Therefore, Physical therapy 2x6 cervical spine and right wrist is not medically necessary.