

Case Number:	CM15-0138251		
Date Assigned:	07/28/2015	Date of Injury:	08/24/2006
Decision Date:	08/26/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51-year-old male sustained an industrial injury to the neck and bilateral arms on 6/24/06. Magnetic resonance imaging cervical spine showed degenerative disc changes with foraminal stenosis and disc herniation. Nerve conduction velocity test left upper extremity (7-28-14) showed moderate carpal tunnel syndrome and cubital tunnel syndrome. Previous treatment included aqua therapy, massage, transcutaneous electrical nerve stimulator unit, home exercise, splints and medications. Electromyography right upper extremity (5-15-15) showed moderate carpal tunnel syndrome. In a PR-2 dated 6/1/15, the injured worker complained of pain to the neck, bilateral upper extremities and bilateral wrists, rated 5 out of 10 on the visual analog scale with medications and 9 out of 10 without medications. The injured worker also complained of ongoing headaches. The injured worker reported that his quality of sleep was poor and that his activity level had increased. The injured worker stated that he had not had any physical therapy for his neck but wanted to start treatment at the time of exam. The injured worker was scheduled to have left carpal tunnel release surgery on June 25, 2015. Physical exam was remarkable for cervical spine with restricted range of motion, tenderness to palpation to bilateral lumbar spine paraspinal with spasms and bilateral wrists with positive Phalen's and Tinel's sign with normal range of motion. Current diagnoses included muscle spasms, cervical pain and cervical disc disorder. The treatment plan included physical therapy for neck pain, twice a week for six weeks with evaluation and treatment of home exercise, stretching, strengthening and ongoing conservative care and continuing medications (Neurontin, Oxycodone and Robaxin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 6 weeks for the cervical, bilateral wrist and low back: 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, Chapters: Neck and Upper Back, Forearm, Wrist & Hand, and Lumbar & Thoracic (Acute & Chronic). Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.