

Case Number:	CM15-0146699		
Date Assigned:	08/07/2015	Date of Injury:	08/11/2009
Decision Date:	09/04/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/28/2015

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:

The injured worker is a 50 year old female who sustained an industrial injury on August 11, 2009. A recent primary treating office visit dated June 03, 2015 reported still with pain and difficulty with ambulation. She has subjective complaint of foot and right ankle pains. There is note of previous request for services to obtain a magnetic resonance imaging study of right ankle as well as neurodiagnostic study of which still have no response. She was provided with a course of 18 sessions of physical therapy. The following diagnoses were applied: disc displacement not otherwise specified without myelopathy; lumbar disc displacement without myelopathy, lumbar and cervical strain and sprain. A primary follow up dated April 22, 2015 is with standing recommendation to obtain a magnetic resonance imaging of right ankle and neurodiagnostic studies of lower extremities. The worker is prescribed remaining off from work duty. She is to continue with home exercises, physiotherapy, and range of motion exercises. Of note, she is no longer seeing a pain management specialist and medications are refilled this visit. On December 13, 2014, she underwent transforaminal nerve root injection at right L5 and right S1. Back at a follow up dated August 27, 2014, she had subjective complaint of with improvement in the right lower extremity pain and numbness following a right sided L5-S1 micro decompression surgery on July 15, 2014. Since that time, she is with increased lower back pain and continues experiencing some numbness in the right foot. A request for authorization noted made for 18 sessions of post-operative physical therapy treating the lumbar spine pending response. Of note, the work is more than one-month post-operative. She is to remain on temporary total disability. There is also note of subjective complaint of increased neck and mid back pain with spasms and weakness. She states that she is unable to sit up straight due to the pain. The treating

diagnoses were cervical radiculopathy, lumbosacral radiculopathy, shoulder impingement, and wrist tendinitis and bursitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy, three times a week for six weeks for the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114.

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 patient has already completed physical therapy. 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.

