

Case Number:	CM15-0149003		
Date Assigned:	08/12/2015	Date of Injury:	06/28/2010
Decision Date:	09/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/31/2015

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 57 year old male, who sustained an industrial injury on 6-28-10. The injured worker has complaints of neck pain, left and right shoulder pain, low back pain, left and right wrist pain and right ring finger pain and left middle finger pain. The documentation noted that there is muscle spasm of the cervical paravertebral muscles and +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral S1 (sacroiliac) joints. There is +3 tenderness to palpation of the anterior shoulder and posterior shoulder and +3 tenderness to palpation of the volar wrist and tenderness noted over right ring finger and left middle finger. The diagnoses have included status post cervical spine surgery; disc protrusion, lumbar; stenosis, lumbar and right shoulder status post-surgery. Treatment to date has included right spica brace; tennis elbow brace; physical therapy and home exercise program. The request was for physical therapy, right wrist, 2 times a week times 6 weeks; right elbow strap and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right wrist, 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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 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.

Right elbow strap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The ACOEM chapter on elbow complaints states: A shoulder sling may be used for up to 1 week. Gentle range-of motion exercises are recommended to be initiated at the first visit to prevent complications from immobilization, particularly if a sling is

prescribed. While range-of-motion exercises should concentrate on the elbow, they should include the shoulder joint to prevent frozen shoulder (adhesive capsulitis) and the wrist as well. NSAIDs are helpful. Quality studies are not available on these treatment options and there is no evidence of their benefits due to the relatively low incidence. However, these options are low cost, have few side effects, and are not invasive. Thus, while there is insufficient evidence supporting their use, these options are recommended [Insufficient Evidence (I), Recommended]. The requested elbow strap is not supported by the ACOEM for the treatment of elbow pain and therefore the request is not medically necessary.

Follow up visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) reevaluation.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested service. The ODG states medical follow up visits are based on need due to continued complaints and response to treatment. The patient has ongoing elbow pain and therefore a follow up visit is medically necessary.