

Case Number:	CM15-0164802		
Date Assigned:	09/02/2015	Date of Injury:	11/08/2014
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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 27 year old male, who sustained an industrial injury on 11-8-14. He has reported initial complaints of neck, left shoulder and back injuries after a motor vehicle accident. The diagnoses have included lumbosacral sprain and strain, thoracic spine strain and sprain, cervical spine strain and sprain, bilateral shoulders sprain and strain, headaches and sleeping difficulties. Treatment to date has included medications, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 5-29-15, the injured worker complains of mid to low back pain, thoracic pain, cervical pain and stiffness. He also reports joint pain and headaches. The pain is rated 4 out of 10 on the pain scale with medications and 7-8 out of 10 without medications. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the thoracic spine that reveals degenerative changes. Magnetic Resonance Imaging (MRI) of the cervical spine that reveals disk desiccation at C2-3 through the C5-6 levels. The current medications included Norco, Fioricet and Ultram. There was previous physical therapy sessions noted. The objective findings-physical exam reveals that he reports difficulty with activity using both arms, and decreased strength. The thoracic spine has tenderness to palpation right greater than left and 3+ reflexes bilaterally. The lumbar spine has tenderness to palpation right greater than left with muscle guarding. There was documentation submitted within the medical records that was difficult to decipher. Work status is temporary total disability. The physician requested treatment included Additional physical therapy 2 times a week for 4 weeks to bilateral shoulders, cervical spine, lumbar & thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 to bilateral shoulders, cervical spine, lumbar & thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request cannot be certified. Therefore, the requested treatment is not medically necessary.