

Case Number:	CM15-0180041		
Date Assigned:	09/21/2015	Date of Injury:	07/04/2015
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 45 year old male, who sustained an industrial injury on 7-4-2015. The injured worker was diagnosed lumbar sprain, multiple fractures within the cervical, thoracic and lumbar spine areas. The request for authorization is for: home physical therapy for bilateral shoulder two times per week for four weeks. The UR dated 8-19-2015: modified certification of shoulder, bilateral; one time per week for six weeks; certify home physical therapy times 6 for bilateral shoulder and spine (lumbar-cervical-thoracic). On 7-28-2015, he reported pain to the neck, bilateral shoulder, upper-mid and lower back, bilateral knees and ankles. Physical examination revealed him to be utilizing braces on the neck, back, and bilateral knees. He is also seen utilizing a walker and ambulating with an antalgic gait. Tenderness was noted to be present on multiple parts of his body along with decreased ranges of motion. He is reported to be unable to squat. On 8-26-15, he reported frequent headaches, pain to the neck, right shoulder and arm, left shoulder and arm, upper, middle and low back, ribcage and chest, stomach, testicles, right knee, left knee, right ankle, left ankle. He also reported anxiety, depression, insomnia and nightmares. He is not working. The treatment and diagnostic testing to date has included: urine toxicology, medications, and x-rays of multiple body parts, CT scan of the thoracic and lumbar spines (7-4-15) revealed multiple fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy 2 times a week for 4 weeks for the bilateral shoulders: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS, 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. 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. According to the MTUS, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has suffered from severe injury and is homebound due to difficulty getting transportation to appointment. The request is for PT 2x/week for 4 weeks is medically necessary.