

Case Number:	CM15-0184342		
Date Assigned:	09/24/2015	Date of Injury:	03/28/2011
Decision Date:	12/04/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/18/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female who sustained an industrial injury on 3-28-2011. A review of medical records indicates the injured worker is being treated for bilateral carpal tunnel syndrome, right shoulder impingement syndrome, status post right shoulder arthroscopy, subacromial decompression, and distal clavicle resection, chronic cervical spine strain with bulging disc, L5-S1 5mm herniated nucleus pulposus of the lumbar spine with right sided radiculopathy, status post left and right carpal tunnel release surgeries, trigger finger of right thumb, and chronic myofascial pain. Treatment has included physical therapy (8 visits), injections, and medications. Medical records dated 8-10-2015 noted continued pain and triggering in the right thumb. The injured worker also complained of bilateral wrist pain, rated 8/10, and low back pain rated 9/10. She noted functional improvement and improvement of pain with pain medications. Physical examination noted tenderness to the right thumb, tenderness over the volar aspect of the thumb bilaterally, tenderness with slight spasm in the right buttock. Lumbar spine range of motion was restricted. The opioid use contract was reviewed with the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective physical therapy for the low back consisting of therapeutic exercises DOS: 5/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. This patient has had multiple PT sessions since his injury in 2011. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records document the patient's present symptoms as continuing pain from his injury rather than an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, the number and frequency of continued formal physical therapy program sessions is not recommended by the MTUS guidance. Medical necessity has not been established.

Retrospective physical therapy for the low back consisting of therapeutic exercises DOS: 5/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. This patient has had multiple PT sessions since his injury in 2011. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records document the patient's present symptoms as continuing pain from his injury rather than an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, the number and frequency of continued formal physical therapy program sessions is not recommended by the MTUS guidance. Medical necessity has not been established.

Retrospective physical therapy for the low back consisting of therapeutic exercises

DOS: 6/1/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over an 8 week period and the program

should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. This patient has had multiple PT sessions since his injury in 2011. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records document the patient's present symptoms as continuing pain from his injury rather than an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, the number and frequency of continued formal physical therapy program sessions is not recommended by the MTUS guidance. Medical necessity has not been established.

Retrospective physical therapy for the low back consisting of therapeutic exercises

DOS: 6/3/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. This patient has had multiple PT sessions since his injury in 2011. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records document the patient's present symptoms as continuing pain from his injury rather than an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, the

number and frequency of continued formal physical therapy program sessions is not recommended by the MTUS guidance. Medical necessity has not been established.

Post-operative cold therapy unit rental for 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) continuous-flow cryotherapy.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Cold therapy is a passive therapy involving placement of cold objects, usually an ice pack or cold producing machine-based compress, and is commonly used for control of pain and inflammation after an acute musculoskeletal injury or surgical procedure. Typically the cold is applied repeatedly for the first few days after the injury or surgery then alternated with heat packs after that. This therapy helps ameliorate the symptoms and facilitates mobility. The MTUS recommends this therapy only during the acute phase of treatment and notes that active therapies aimed at improving mobility and lessening pain have better outcomes than passive therapies. It does not differentiate which type of cold pack or compress should be used. Passive therapy is not indicated unless there is acute worsening of symptoms or re-injury occurs. This patient has been approved for trigger finger surgery. Use of cold therapy in the acute post-surgical period would be an appropriate adjunct to other active therapies, such as physical therapy, to improve the surgical outcome. In this case medical necessity has been established.

Purchase of one home therapy kit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise, Physical Medicine. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons monograph: Trigger Finger. Available at: <http://orthoinfo.aaos.org/PDFs/A00024.pdf>.

Decision rationale: A home therapy kit is a group of physical therapy aids which can be used in a home environment to augment formal physical therapy. It is commonly used post-surgically to improve patient outcomes. However, there are no clinical practice guidelines or significant studies in medical literature that recommends use of a home therapy kit to augment the post-surgical physical therapy following trigger finger surgery. Trigger finger occurs when a flexor tendon in the hand becomes enlarged due to inflammation and subsequently gets caught as it passes through the tendon sheath. The patient feels stiffness and difficulty bending the finger and the finger may get caught in the bent position. Surgery to repair this injury is performed when conservative care (splinting and injection of steroids) has failed to relieve the problem. Post surgical rehabilitation includes formal physical therapy and/or occupational therapy. The

California MTUS does recommend exercise for musculoskeletal conditioning and strengthening. It doesn't recommend one program or any other, although, it does mention the expectation for the therapy to be continued at home. Considering all the above information, a home therapy kit may be helpful in the post-surgical rehabilitation process for the patient's trigger finger. Medical necessity has been established.