

<b>Case Number:</b>	CM15-0188809		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/16/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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:

This male sustained an industrial injury on 6-24-15. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain and bilateral knee strain. X-rays of the lumbar spine (6-26-15) showed disc space narrowing at L5-S1 with facet hypertrophy. X-rays of bilateral knees (6-26-15) showed moderate bilateral knee osteoarthritis. In a Doctor's First Report of Occupational Injury dated 6-26-15, the injured worker complained of bilateral knee pain, rated 5 to 7 out of 10 on the visual analog scale and low back pain, rated 4 to 5 out of 10, with radiation down the right leg associated with numbness. The injured worker reported that his complaints stemmed from an initial injury in 2013. The injured worker stated that it was now difficult to attempt to run or exercise and that his injuries were affecting him mentally. The treatment plan included alternating ice and heat, prescriptions for Robaxin and Ibuprofen and physical therapy. In the most recent PR-2 submitted for review, dated 7-13-15, the injured worker stated that his neck and bilateral shoulder pain with numbness down the right arm had been getting worse. Current pain medications had minimal effect. Physical exam was remarkable for lumbar spine with diffuse tenderness to palpation, bilateral paraspinous musculature tenderness to palpation with spasms, pain upon range of motion and negative straight leg raise and bilateral knees with tenderness to palpation along the medial joint line, range of motion with crepitus and pain and 5 out of 5 strength. The injured worker was unable to fully squat due to knee pain. In an aftercare worksheet dated 8-25-15, the treatment plan included a 30 day trial of a transcutaneous electrical nerve stimulator unit, physical therapy twice a week for six weeks and acupuncture once a week for four weeks for bilateral shoulders, arms, elbows, low back and neck and electromyography and nerve conduction velocity test of bilateral upper extremities. On 9-4-15, Utilization Review modified a request for physical therapy twice a week for six weeks for

bilateral shoulders, arms, elbows, low back and neck to physical therapy twice a week for three weeks for the neck and four sessions of acupuncture for bilateral shoulders, arms, elbows, low back and neck to acupuncture once a week for four weeks for the neck.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times a week for 6 weeks (bilateral knees/shoulders/arms/elbows, low back, neck): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Shoulder, Elbow, Low Back, Neck & Upper Back, Physical Therapy/Chiropractic Guidelines.

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

**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 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.

**Acupuncture sessions 1 times a week for 4 weeks (bilateral knees/shoulders/arms/elbows, low back, neck):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested is for 4 sessions. The request is within guideline recommendations. The patient's pain is amenable to acupuncture treatment. Therefore, the request is medically necessary.