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| Case Number: | CM15-0027131 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 06/16/2012 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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 53 year old male, who sustained an industrial injury on June 16, 2012. He has reported climbing a rod iron fence when his knee shifted. The diagnoses have included lumbar spine radiculopathy, right knee meniscus tear, and right knee ACL tear. Treatment to date has included right knee surgery May 21, 2013, physical therapy, and medications. Currently, the injured worker complains of pain in the right knee, instability to the right knee, buckling of the right knee and low back pain that radiates to the lateral aspect of the left leg. The Treating Physician's report dated January 20, 2015, noted the lumbar spine physical examination revealed tenderness of the paraspinous muscles and the spinous process, with spasms noted. Tenderness was noted in the sacroiliac joint with painful, decreased lumbar spine range of motion (ROM), and straight leg raises positive bilaterally. The right knee examination revealed mild tenderness and swelling over the medial and lateral joint lines and patella. On February 3, 2015, Utilization Review non-certified physical therapy lumbar spine 3 x 4, noting that a detailed and thorough medical history must be obtained, with treatments institute thus far, prior to any definitive assessments on the requested services. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of physical therapy lumbar spine 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Physical medicine.

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. There is no explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. In the absence of such documentation, the request cannot be certified.