

Case Number:	CM15-0031339		
Date Assigned:	03/04/2015	Date of Injury:	03/18/2010
Decision Date:	04/08/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/19/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 50 year old male, who sustained an industrial injury on March 18, 2010. He has reported bilateral elbow and left knee injury. The diagnoses have included hip bursitis, elbow pain, shoulder pain, and knee pain. Treatment to date has included aqua therapy, physical therapy, injections, and medications. Currently, the IW complains of continued pain of the low back, both shoulder, both elbows, left hip, and both knees. He rates his pain level as 4/10 with medications and 7/10 without medications. He reports feeling as if his left hip pain is worsening, and making it harder to walk. He indicates physical therapy aggravated his hip pain, and that a previous injection did not help. Physical findings are noted to be pain with shoulder range of motion, restricted range of motion of the lumbar spine, tenderness in both elbows, tenderness over the sacral iliac joint areas, and tenderness and restricted range of motion of the left knee. The records indicate he completed aqua therapy, which reportedly flared up his shoulder pain. On February 16, 2015, Utilization Review non-certified physical therapy two times weekly for six weeks for the left elbow, hip and knee. The MTUS guidelines were cited. On February 19, 2015, the injured worker submitted an application for IMR for review of physical therapy two times weekly for six weeks for the left elbow, hip and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 6 for left elbow, hip, and knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is 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). There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no detailed, recent and objective evaluation of the patient left upper and lower extremity condition. There is no justification for the prescription for additional physical therapy without documentation of the efficacy of the previous visits. Therefore, Additional physical therapy 2 times 6 for left elbow, hip, and knee is not medically necessary.