

Case Number:	CM15-0032265		
Date Assigned:	02/25/2015	Date of Injury:	11/07/2013
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

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 11/7/13. He has reported back and head injury. The diagnoses have included grade I spondylolisthesis L4-5, L4-5 foraminal stenosis, right leg radiculopathy, degenerative disc disease, decreased disc height C5-6 and facet arthropathy C5-6. Treatment to date has included bilateral transforaminal epidural steroid injection at L4-5. (MRI) magnetic resonance imaging of cervical spine performed in 4/14 revealed disc herniation at C3-4 and C56 and there is enough room in his neck that the disc herniation should not cause the neck problem. Currently, the injured worker complains of headache, pins and needles sensation in his neck and numbness in the back of head and low back and bilateral lower extremity symptoms. The progress note dated 1/28/15 noted his pain is unchanged; however it is reduced with use of medications. Physical exam dated 12/09/14 noted tenderness to palpation over the left greater than right cervical paraspinal musculature and tenderness over the left greater than right trapezius musculature and intrascapular space. On 1/22/15 Utilization Review non-certified physical therapy 2 times a week for 4 weeks for cervical and lumbar spine, noting there is no documented functional improvement from prior physical therapy and submitted a modified certification for a rental of wheelchair for 30 days noting he is at a progressive fall risk. The MTUS, ACOEM Guidelines and ODG were cited. On 2/20/15, the injured worker submitted an application for IMR for review of wheelchair rental and physical therapy 2 times a week for 4 weeks for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wheelchair rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, wheel chairs/walkers.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on walkers and wheel chairs, they are medically indicated in patient with knee pain or lower extremity weakness necessitating ambulation assistance. There is no clinical documentation that shows the patient requires permanent or long term ambulation assistance. Therefore the request is not certified.

Physical therapy 2 times a week for 4 weeks: Upheld

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

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 week's 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. The patient has already completed a course of physical therapy. 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.