

Case Number:	CM15-0034841		
Date Assigned:	03/03/2015	Date of Injury:	12/18/2008
Decision Date:	04/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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 54 year old male, who sustained an industrial injury on 12/18/2008. The current diagnoses are left cervical radiculopathy, C4-5 and C5-6 stenosis, and left cubital tunnel syndrome. Currently, the injured worker complains of left-sided neck pain that radiates into the left trapezius and mid scapular region. He reports pain radiating down the left upper arm, with numbness from the elbow through the forearm into the left hand. The pain is rated 8-9/10 on a subjective pain scale. Current medications are Ambien, Celebrex, Cymbalta, Norco, Trazadone, Gabapentin, Carvedilol, Ramipril, and Crestor. The physical examination of the cervical spine reveals tenderness over the base of the neck on the left and left trapezius musculature. There is decreased sensation over the left C6, C8, and T1 dermatome distribution. Range of motion was decreased. Examination of the elbows and forearms reveals positive Tinel's sign over the left cubital tunnel. Treatment to date has included medications, physical therapy, and cervical epidural steroid injection (11/3/2014). MRI of the cervical spine on 12/18/2014 shows moderate C4-5 and moderately severe C5-6 left foraminal stenosis with disc degeneration. On 1/26/2015, a request for authorization for C4-5 and C5-6 anterior cervical discectomy and fusion with cage and instrumentation, as well as a left cubital tunnel release was submitted. The treating physician is requesting 12 physical therapy sessions for the cervical spine and left elbow, which is now under review. On 2/6/2015, Utilization Review had non-certified a request for 12 physical therapy sessions for the cervical spine and left elbow. The physical therapy was modified to left elbow only. The California MTUS Chronic Pain and Postsurgical Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for six weeks for the cervical and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Page(s): 26.

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. 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.