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| <b>Case Number:</b>   | CM14-0163246 |                              |            |
| <b>Date Assigned:</b> | 10/08/2014   | <b>Date of Injury:</b>       | 09/29/2012 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 09/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/03/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 was injured in an assault on 9/29/12. Diagnoses associated with this injury include blunt head trauma, nasal trauma, cervical strain, thoracic strain, lumbar strain, lumbar disc protrusions status post lumbar surgery, left elbow and forearm pain, left wrist TFCC injury status post repair, sleep disturbance and depression/anxiety. Treatment has included extensive physical therapy and chiropractic treatments. Medications have included pain medications, muscle relaxers and topical analgesics. He has ongoing complaints of cervical, thoracic, and low back pain, headaches, left elbow and forearm pain and left wrist pain. The primary treating physician has requested physical therapy for the cervical and lumbar spine, neck, and left wrist, twice weekly for four weeks and neurology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical and lumbar spine, neck, and left wrist, twice weekly for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Forearm, Wrist & Hand Chapter, and Low Back Procedure Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Physical medicine treatments

**Decision rationale:** The MTUS states that passive therapy 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 therapies 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. 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 instructions. 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. The use of active treatment modalities versus 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 greater than passive treatments incurred fewer treatment visits, 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. 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 ODG guidelines for neck and upper back and low back note that physical therapy is recommended for 10-12 visits over 8 weeks. In this case the injured worker did have post-operative physical therapy following left wrist TFCC repair. Physical therapy for the other conditions has been extensive and appropriate ongoing home exercise programs should be established. The MTUS notes that passive therapies can provide short-term relief during the early phases of treatment. All of the conditions in this case are chronic in nature. Although active therapy may require some supervision from a therapist, patients are expected to continue therapy at home. Physical medicine treatments have exceeded the recommended number of treatments. The previous utilization review decision is appropriate considering the MTUS guidelines. The request for physical therapy for the cervical and lumbar spine, neck, and left wrist, twice weekly for four weeks is not medically necessary.

**Consultation with a Neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The MTUS, in The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines for Independent Medical Examinations and Consultations, recommends referral to another practitioner or specialist when the patient might benefit from additional expertise. The ACOEM guidelines note that the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The consultation service is to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case the medical records note that the neurology consultation was approved on 5/15/14 however there is no indication that the consultation took place. The neurology consultation should be completed based on the initial certification. The request for another neurology consultation is not medically necessary.