Case Number:	CM14-0210461		
Date Assigned:	12/23/2014	**Date of Injury:**	08/21/2013
Decision Date:	02/20/2015	**UR Denial Date:**	11/26/2014
Priority:	Standard	**Application Received:**	12/15/2014

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. 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 patient is a 47-year-old man who sustained a work-related injury on August 21, 2013. Subsequently, he developed chronic neck, low back, and upper extremity pain. According to a progress report dated October 31, 2014, the patient complained of persistent neck, low back, bilateral shoulders, right elbow, right wrist, and right ankle pain. The pain rated his neck, low back, and bilateral shoulder pain at 4/10, right elbow pain at 5/10, right wrist pain at 1-2/10, and the right ankle pain at 7/10. The low back, neck, and bilateral shoulder pain had improved but the right ankle had worsened since his last visit. The patient was complaining of worsening more frequent and longer lasting numbness in the right wrist. The patient was already, at the time of the visit, doing physical therapy to the neck, back, right shoulder, right wrist, and right ankle. Examination of the cervical spine revealed decreased range of motion. There was tenderness over the paraspinal muscles, right greater than left. There was positive Spurling's on the right. There was decreased strength and sensation 4/5 on the right at C5, C6, C7, and C8 but normal strength and sensation 5/5 on the left at C5, C6, C7, and C8. Deep tendon reflexes were 2+ bilaterally at brachioradialis and triceps. Examination of the lumbar spine revealed slightly decreased range of motion. There was tenderness over the paraspinal muscles, equally. There was positive Kemp's sign. There was normal strength and sensation 5/5 bilaterally at L4, L5, and S1. Deep tendon reflexes were 2+ bilaterally at patellar and Achilles tendons. Examination of the right shoulder revealed decreased range of motion. There was tenderness over the acromioclavicular joint. There was decreased strength with flexion and abduction. There was positive Hawkins impingement and Neer's impingement on the right. Forward flexion and

abduction were at 150 degrees, internal and external rotations were at 60 degrees, extension and adduction were at 40 degrees. There was slight decreased strength 4+/5 with flexion and extension. Examination of the right ankle revealed 1+ swelling at the lateral aspect of the lateral melloli. There was tenderness to the medial and lateral malleoli and the dorsal aspects of the foot. There was decreased range of motion with dorsi and plantar flexion as well as decreased 4/5 at the plantar and dorsiflexion. The patient was diagnosed with cervical strain, lumbar strain, partial rotator cuff tear of the right shoulder, right elbow partial thickness tear of the medial distal brachialis, and right ankle sprain/strain. The provider requested authorization for Physical Therapy to the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, (Acute & Chronic)

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 the efficacy and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore Physical Therapy to the right ankle is not medically necessary.