

Case Number:	CM15-0010272		
Date Assigned:	01/28/2015	Date of Injury:	05/07/2001
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/17/2015

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 77 year old female, who sustained an industrial injury on 05/07/2011 She has reported subsequent neck, back, knee and lower extremity pain and was diagnosed with lumbago, progressive degenerative joint disease of the thoracolumbar spine, degenerative joint disease of the left hip, fracture of the right patella with chondral damage of the right knee, rotator cuff tears of the bilateral shoulders and degenerative arthritis of the left shoulder. Treatment to date has included oral pain medication, application of ice, physical therapy and surgery. The documentation submitted for review includes physical therapy treatment notes, industrial progress notes, agreed medical evaluations and imaging studies. There do not appear to be any treating physician notes included for review. In a physical therapy note dated 12/09/2014, the therapist notes that the injured worker complained of right shoulder pain rated as 3-7/10. The therapist noted that the injured worker was unable to perform work and activities of daily living with the right upper extremity. A request for authorization of physical therapy of the hips, knees and bilateral lower extremities was made. There was no medical documentation submitted that specifically addresses the current request. On 12/24/2014, Utilization Review non-certified a request for 8 physical therapy visits for the hips, knees and bilateral lower extremities between 12/23/2014 and 02/06/2015, noting that there was a lack of evidence of functional improvement with the previous 35 physical therapy visits. MTUS Chronic 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:

8 Physical Therapy Visits for the Hips, Knees and Bilateral Lower Extremities: 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.

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 the patient condition needed physical therapy. The patient had previously completed physical therapies without documentation of clear benefit and the rationale behind using more physical therapy. Therefore 8 Physical Therapy Visits for the Hips, Knees and Bilateral Lower Extremities is not medically necessary.