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| Case Number: | CM15-0010322 | | |
| Date Assigned: | 01/29/2015 | Date of Injury: | 09/29/2011 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/19/2015 |

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:

This 41 year old female sustained a work related injury on 09/29/2011. According to a discharge summary dated 07/23/2014, the injured worker had completed a Functional Restoration intensive outpatient injury rehabilitation program. She was able to meet her functional restoration goals early and was motivated to return to work. She was independent in her home exercise program. According to a progress note dated 12/04/2014, the injured worker rated pain a 7 on a scale of 1-10 with medications. Pain without medications was rated 9. The progress note did not specify the location of pain. Quality of sleep was poor. Activity level remained the same. Diagnoses included hand pain, carpal tunnel syndrome and spasm of muscle. Treatment plan included referral to a hand surgeon to evaluation for injection authorized and prescriptions given included Norco. The injured worker was permanent and stationary. Work restrictions included no lifting, pushing or pulling greater than 30 pounds, sit no more than 30 minutes at a computer and continue 5 hour/day shift 5 days per week. According to a progress noted dated 01/29/2015 the injured worker complained of increased pain in the neck and right upper extremity. Pain was mostly over her right trapezius. She was not currently working and her activity level had decreased. The provider noted that the injured worker was having a strong pain flare and would be on temporary total disability until pain flare subsided. She was awaiting physical therapy, TENS unit and trigger point injection authorization. On 01/12/2015, Utilization Review non-certified 12 physical therapy visits for the neck. According to the Utilization Review physician, the injured worker did not respond to prior physical therapy. Guidelines cited for this review

included CA MTUS ACOEAM Neck and Chapter 8 Upper Back Complaints. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Neck between 1/7/2015 and 2/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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 support musculoskeletal dysfunction requiring more physical therapy. There is no documentation that the patient can NOT benefit from home exercise. There is no documentation of the outcome of previous physical therapy sessions. Therefore 12 Physical Therapy Visits for the Neck between 1/7/2015 and 2/21/2015 is not medically necessary.