

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0011024 | | |
| Date Assigned: | 01/28/2015 | Date of Injury: | 05/20/1995 |
| Decision Date: | 03/18/2015 | UR Denial Date: | 12/31/2014 |
| Priority: | Standard | Application Received: | 01/20/2015 |

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 53 year old female, who sustained a work/ industrial injury as a second assistant manager on 5/20/95 when a box coming off a truck off a conveyor belt injured the left wrist, elbow, knee, and neck. She has reported symptoms of pain in the left upper extremity, bilateral tingling sensation in the low back/buttock and legs giving out. Pain was reported to be 7/10 and constant. Symptoms were accompanied by emotional stress. Prior medical history includes suicide ideation and stage III-IV kidney failure. The diagnoses have included left lower extremity complex regional pain syndrome (CRPS)-I, lumbago, shoulder-hand syndrome, anxiety, and depressive disorder. Physical exam noted an antalgic gait favoring the left. Treatment to date has included left sided sympathetic block (9/30/13), medications, physical therapy, functional restoration program, relaxation techniques, and injections. Medications included M S Contin, Percocet, Neurontin, Lexapro, Welbutrin, Ambien, medical marijuana, and Lidoderm patches. On 12/31/14, Utilization Review non-certified (6) sessions of Physical Therapy (between 12/23/14 and 2/6/15), noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Six sessions of physical therapy is not medically necessary.