

Case Number:	CM15-0015778		
Date Assigned:	02/03/2015	Date of Injury:	08/11/2014
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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 male patient, who sustained an industrial injury on 08/11/2014. A primary treating office visit dated 12/02/2014 reported subjective complaint of constant headaches, mostly in the occiput; in addition to, constant neck pain that radiated to bilateral shoulders and is associated with parasthesias of bilateral hands. The pain is rated a 6 out of 10 in intensity. He is noted taking Ibuprofen for pain. Physical examination found no obvious atrophy of upper extremities. His reflexes noted normal and symmetrical at the biceps, triceps and brachioradialis. He has full range of motion in his neck and bilateral shoulders. Spurling maneuver is found unremarkable in the cervical spine, but he is noted with facet loading maneuvers; right greater than left. He is tender over his bilateral cervical facets, cervical paraspinals and sub occipital muscles. The impression noted post-concussion headaches; cervicogenic headaches, cervical sprain/strain, and myofascial pain. A request was made for 8 additional physical therapy sessions treating the cervical spine. On 12/30/2014 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain, Physical Medicine Guidelines, and the Official Disability guidelines, Neck and Upper Back were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 4 week, Cervical spine, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Physical Therapy

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 and not home exercise program. The patient underwent 6 physical therapy sessions without documentation of clear benefit. There was no documentation concerning the patient's response to prior physical therapy in the documents submitted for review. Therefore, Additional Physical Therapy 2 x 4 week, Cervical spine, quantity 8 is not medically necessary.