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| Case Number: | CM15-0018168 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 09/30/2010 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on September 30, 2010. She has reported neck pain, lower back pain, right shoulder pain and right hand pain. The diagnoses have included cervical spine radiculopathy, right shoulder pain, lumbar spine radiculopathy, lumbar spine disc degeneration, cervical spine strain/sprain, chronic pain syndrome, and myositis/myalgia. Treatment to date has included medications, surgeries, acupuncture, transcutaneous electrical nerve stimulation unit, home exercise, use of a cane, stellate ganglion block, aqua therapy, and imaging studies. A progress note dated November 19, 2014 indicates a chief complaint of continued and increasing lower back pain, neck pain radiating to the right arm, right shoulder pain, and left knee and foot pain. Physical examination showed and antalgic gait, lumbar spine spasms and decreased range of motion, decreased sensation of the right lower extremity, tenderness to palpation of the right wrist with decreased range of motion and strength, and tenderness to palpation of the bilateral knees. The treating physician is requesting physical therapy for the cervical spine and right shoulder. On January 7, 2015 Utilization Review denied the request for physical therapy citing the 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:

Physical Therapy to the cervical spine and right shoulder: 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): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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) Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeksPhysical medicine is a recommended treatment option for chronic pain. The goal is to transition to a home exercise program after a specified amount of physical therapy. The request does not specify the amount of physical therapy prescribed. Therefore it cannot be determined if it meets criteria as per outlined above. The request is not certified.