

Case Number:	CM15-0110455		
Date Assigned:	06/17/2015	Date of Injury:	03/07/2014
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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, Alabama, 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 56 year old female who sustained an industrial injury on 3/7/14 when she fell backward hitting the right side of her head on the floor. When she woke up the following day she was in her own bed with a black eye, swollen forehead, pain in the neck, right shoulder, both wrists with marks of bruising. She was medically evaluated and had x-rays done, computed tomography of the brain, physical therapy that helped with pain and function, non-steroidal anti-inflammatories that caused bruising, muscle relaxants, which made her tired, and Tylenol. She currently complains of sleep difficulties; intermittent bilateral tinnitus; severe photosensitivity and phonosensitivity; occipital headaches; decreased memory, concentration and word finding; paranoid; depression; anxiety; decreased vision; gets lost frequently; constant bilateral neck pain radiating to the shoulders; mid back pain; bilateral wrist pain; abdominal pain with intermittent diarrhea and constipation; stress incontinence; right to left knee pain. On physical exam of the cervical spine there was tenderness in the occipital notch bilaterally, paravertebral muscle tenderness and trigger points at the trapezius, supraspinatus and infraspinatus. Medications are Effexor, Abilify, Prazosin, Xanax, Wellbutrin, Ambien. Diagnoses include status post fall and head trauma; post-concussion syndrome with residuals balance impairment, posttraumatic headaches, cognitive impairment, depression, anxiety; major depressive episode with anxiety; posttraumatic occipital neuropathy; musculoligamentous sprain/ strain cervical, lumbar and thoracic spine; strain left shoulder, rule out internal derangement; sprain/ strain bilateral wrists rule out internal derangements; tinnitus. Treatments to date include physical therapy; home exercises; medications. There was no available documentation of the results of previous physical

therapy sessions and its impact on the injured worker's functional ability. Diagnostics include a normal electroencephalogram (4/4/15). In the progress note, dated 5/13/15 the treating provider's plan of care includes a request for physical therapy twice per week for four weeks to the left shoulder and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the left shoulder and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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 the efficacy and outcome of previous physical therapy sessions. There is no documentation as to why the patient cannot perform home exercise. Therefore, the request for 8 physical therapy sessions for the left shoulder and neck is not medically necessary.