

<b>Case Number:</b>	CM15-0114120		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 05/16/2012. He reported sustaining an injury to the low back and the left lower extremity with pain. The injured worker was diagnosed as having reflex sympathetic dystrophy of the lower limb, lumbar back pain, thoracic/lumbosacral spine neuritis/radiculitis unspecified, and degenerative intervertebral disc disease of the lumbar/lumbosacral spine. Treatment and diagnostic studies to date has included three left lumbar steroid blocks, physical therapy with an unknown quantity, medication regimen, home exercise program, acupuncture, and computed tomography and x-rays of the left ankle and foot. In a progress note dated 05/19/2015 the treating physician reports complaints of pain to the left lower extremity. Examination reveals an antalgic gait, decreased strength to the left lower extremity, hyperalgesia and allodynia of the left lower extremity, and tenderness to the lumbar/sacral paraspinal muscles. The treating physician also noted hair loss, nail bed changes, along with shiny, violaceous, discolored skin to the left lower extremity from the shin down along with a change in temperature of the foot. The documentation provided noted that prior physical therapy of an unknown quantity was performed, but did not contain documentation of functional improvement from the prior physical therapy. The treating physician requested physical therapy times twelve for the left lower extremity with the goals of a decrease in pain, enhancing sleep, improvement of mobility, improvement in self-care, increase in recreational activities including social and physical activities, and an increase in housework and employment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x 12 for the left lower extremity: 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): 99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 state the following: "Physical Medicine: 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 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8- 10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. In the case of injured worker, the date of injury is remote and the patient has undergone prior PT. However, there is no documentation of functional improvement from prior PT and this is a requirement for continuation of PT. Therefore, additional physical therapy as originally requested is not medically necessary.