

Case Number:	CM15-0126623		
Date Assigned:	07/13/2015	Date of Injury:	06/05/2013
Decision Date:	08/06/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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 27 year old male, who sustained an industrial injury on 06/05/2013. He has reported injury to the right shoulder, mid back, low back, right elbow, right wrist/hand, right knee, and right ankle. The diagnoses have included right wrist sprain/strain with carpal tunnel syndrome; right shoulder sprain; right shoulder impingement syndrome; thoracic spine sprain/strain with myalgia; right knee sprain/strain; right knee medial meniscus tear; and right ankle sprain/strain. Treatment to date has included medications, diagnostics, Cam walker boot, crutches, cane, chiropractic therapy, shockwave therapy, physical therapy, and home exercise program. Medications have included Naproxen, Motrin, Alprazolam, Zolpidem, Pantoprazole, and topical compounded creams. A progress note from the treating physician, dated 05/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intermittent moderate pain in the upper/mid back with stiffness, rated at 7/10 on the pain scale; constant sharp pain in the right shoulder with stiffness and numbness, rated at 9/10 on the pain scale; severe activity-dependent sharp right wrist pain radiating to the palm of the hand, rated at 8/10; constant severe right knee pain radiating to the right ankle, rated at 9/10 on the pain scale; constant severe pain in the right ankle radiating to the toes with tingling, rated at 9/10; and he reports anxiety, depression, and irritability. Objective findings included decreased Jamar grip strength in the right; tenderness to palpation of the thoracic paravertebral muscles with spasm; tenderness to palpation of the right acromioclavicular joint, anterior shoulder, lateral shoulder, and posterior shoulder; decreased range of motion and supraspinatus press is positive; tenderness to palpation of the right lateral and volar wrist; Phalen's sign is positive; tenderness to palpation

of the right anterior knee, lateral medial, and posterior knee; Mc Murray's is positive; tenderness to palpation of the right anterior ankle and anterior talofibular ligament; and lateral ankle inversion test is positive. The treatment plan has included physical therapy 2 times a week for 3 weeks to thoracic spine, right wrist, right shoulder, and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week for 3 weeks to thoracic spine, right wrist, right shoulder, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation; Education/Exercise.

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 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. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not certified.