

Case Number:	CM15-0127435		
Date Assigned:	07/14/2015	Date of Injury:	06/16/1993
Decision Date:	08/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/01/2015

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 was a 76 year old male, who sustained an industrial injury, June 16, 1993. The injured worker previously received the following treatments Norco, Soma, Neurontin, home exercise program, physical therapy, Norco, Neurontin, Senokot S and physical therapy. The injured worker was diagnosed with status post ACDF at C4-C5 and C5-C6 with residuals, status post lumbar spine fusion at L2-L3 and L3-L4, right lower extremity radiculopathy/neuritis/mild neuroforaminal stenosis, depression, cervicogenic headaches, neuropathic pain in the bilateral lower extremities, cervical spine radiculopathy, bilateral Achilles tendinitis, constipation, disc herniation at L1-L2 and multilevel disc protrusion at L2 through S1, status post right carpal tunnel release and right medial and ulnar transplantation and decompression. According to progress note of June 3, 2015, the injured worker's chief complaint was intermittent neck pain was rated 4 out of 10 with radiation into the right upper extremity. The right elbow pain was rated 6 out of 10 with radiation of pain into the upper extremity with associated tingling sensation. There was intermittent pain in the right wrist and pain which the injured worker rated at 5 out of 10. The injured worker had intermittent low back pain which was rated at 4 out of 10. The injured worker was not attending physical therapy, because the injured worker was going to Italy. The physical exam noted the right arm wound was clean and dry and flat. The wound was dehiscenced in the middle portion of the incision. The anterior and superior borders of the incision were completely healed. The treatment plan included additional physical therapy for the cervical, lumbar and right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy (no duration or frequency listed) for the cervical, lumbar, right upper 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): 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 medically necessary.