

Case Number:	CM15-0170409		
Date Assigned:	09/10/2015	Date of Injury:	07/04/2013
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/28/2015

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 38 year old male with an industrial injury dated 07-04-2013. He was being treated for left upper extremity complex regional pain syndrome, left carpal tunnel syndrome and left shoulder impingement. Other diagnoses were asthma and developmentally delayed. He presents on 03-23-2015 with pain in right side of neck, upper chest and shoulder and down through his arm to the level of his wrist. He rated the pain as 7-8 out of 10. He was being seen for a consultation regarding complex regional pain syndrome. Physical exam noted a bluish discoloration of the left hand with shiny skin and some edema in his finger. The left hand was measured at 22 degrees and the right hand at 26 degrees. On manual muscle testing, he had trouble with resisted shoulder abduction and elbow extension. The recommendation was for 10 sessions of physical therapy. Progress note dated 05-19-2015 noted pain rating was 5-7 out of 10. There was some minimal tenderness to the left shoulder girdle. Flexion was about 150-160 degrees and abduction was about 120-130 degrees. Strength was 4-4+ out of 5 for abduction on the left while the right was 5 out of 5. Work status was modified with nothing more than four hours a day for carrying and lifting. In the 07-31-2015 progress note the provider documented work status was increased to six hours per day. Physical therapy report dated 08-07-2015 documented the injured worker had completed 10 of 10 sessions of physical therapy. The physical therapist noted the injured worker frequently "overdoes it", has difficulty modulating his grip strength, pushed his stretches too much and was exhibiting overuse of his left upper trapezius. The physical therapist documented the injured worker would benefit from an additional 10 sessions of physical therapy. Documentation noted the injured worker was learning how to progress his activity level but was not independent yet, continued to require instruction to manage his symptoms, have realistic expectations, and develop his home exercise program and to assist him in increasing his functional level. Prior treatment included

approximately 6 visits of occupational therapy which he noted were some benefit. He also received steroid injection to the left wrist, pain psychology and left stellate ganglion block (cervical 6 and cervical 7) which helped. Prior medications were Norco (no help) and Neurontin (did not tolerate). The treatment request is for physical therapy, six sessions (two times a week for three weeks) for the left upper extremity. On 08-24-2015 utilization review non-certified the request for physical therapy, six sessions (two times a week for three weeks) for the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, six sessions (two times a week for three weeks) for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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.