

Case Number:	CM15-0170411		
Date Assigned:	09/10/2015	Date of Injury:	01/30/2015
Decision Date:	10/09/2015	UR Denial Date:	08/07/2015
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 was a 57-year-old male, who sustained an industrial injury, January 30, 2015. The injury was sustained when the injured worker was shoveling a pile of asphalt and felt pain over the back. The injured worker thought a pulled muscle at first, it was hurting across the back. The injured thought it was getting better, worked on day and was off the remainder of the week. One morning got up and fell; it was as if the injured worker did not have a left leg. According to the progress note of February 24, 2015, the injured worker's pain level was 4 out of 10. The injured worker was taking Motrin, Mobic and Naproxen for pain. According to progress note of July 24, 2015, the injured worker's chief complaint was low back pain with left lower extremity pain, numbness and weakness. The physical exam noted the straight leg raises was positive on the left. The left lower extremity was positive for weakness. There was tenderness with palpation over the L5-S1. According to the physical therapy, progress noted of June 24, 2015 there was decreased pain with range of motion. The Norco use has increased since starting physical therapy to two times daily, from once a day on March 16, 2015 and Voltaren and Soma were added. The injured worker was diagnosed with lumbar strain and or sprain, lumbar radiculopathy and HPN (herniated nucleus pulposus) of the lumbar spine. The injured worker previously received the following treatments the injured worker had completed 20 sessions of physical therapy according to the request for authorization dated July 30, 2015. The RFA (request for authorization) dated July 30, 2015, the following treatments were requested for additional 12 sessions of physical therapy, current medications on May 19, 2015, were Voltaren, Norco two times daily and Soma. The injured worker was taking Norco one tablet daily, Ibuprofen one times daily and Robaxin

every 8 hours as needed for muscle spasms. The UR (utilization review board) denied certification on August 7, 2015; due to the injured worker had 20 session of physical therapy to date with no objective evidence of improvement in pain or function. The information reviewed revealed that the injured worker had exceeded the recommended sessions of physical therapy without documented evidence of functional improvement, therefore the request for 12 additional sessions of physical there were recommended to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve additional sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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.