

Case Number:	CM15-0171668		
Date Assigned:	09/14/2015	Date of Injury:	04/23/2012
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/31/2015

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 53 year old male who sustained an industrial injury on 4-23-12. Diagnoses are cervicalgia, lesion-ular nerve, contusion-hands, and injury not otherwise specified-elbow-forearm-wrist. Previous treatment includes MRI-cervical spine 7-18-14: 7-8 mm C6-C7 disc protrusion, electromyography of upper extremities 5-13-14, and a functional capacity evaluation 1-24-13. In a progress report dated 7-10-15, the treating physician notes he is status post surgery of the right upper extremities, ulnar nerve decompression of the right elbow and decompression of the medial nerve. The injured worker described having "significant pain" in the neck, mainly on the right side. Objective exam reveals there is right side neck pain which increases in vertical loading and right lateral bending. The treatment plan is physical therapy to the neck 2 times a week for 4 weeks and home exercise program (cervical traction). Work status is remain off work until 8-17-15. A request for authorization dated 7-17-15 lists physical therapy: continue post-operative physical therapy and cervical traction for home exercise. The requested treatment of physical therapy 2 times a weeks for 4 weeks for the cervical spine and purchase of cervical traction for home exercise was denied on 7-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 requested amount of physical therapy is within guideline recommendations and therefore is medically necessary.

Purchase for a cervical traction for home exercise: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: The ACOEM chapter on neck complaints states: Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. Cervical traction is not supported by the ACOEM in the treatment of chronic neck pain. The California MTUS does recommend home exercises but the need for traction versus a home exercise program is not established in the provided medical records for review. Therefore, the request is not medically necessary.

