MAXIMUS Federal Services

Case Number:	CM15-0175489		
Date Assigned:	09/16/2015	Date of Injury:	09/03/2014
Decision Date:	10/26/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/05/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45-year-old male worker who was injured on 9-3-2014. The medical records indicated the injured worker (IW) was treated for right hip strain and sprain, rule out internal derangement; lumbar spine musculoligamentous strain and sprain with radiculitis, compensatory; right hip trochanteric bursitis; left knee strain and sprain, rule out internal derangement; and rule out left knee meniscal tear. The progress notes (7-27-15) indicated the IW had lower back pain rated 7 out of 10, which was unchanged since the previous visit; right hip pain rated 7 to 8 out of 10, increased from the previous 7 out of 10; and left knee pain rated 2 out of 10, which was decreased from the previous 3 out of 10. The IW stated the treatment helped and that physical therapy (PT) helped decrease his pain and tenderness. He had completed 19 sessions of PT, according to the notes. Other treatments included medications (Tramadol, Flurbi (NAP) cream-LA). The IW was temporarily totally disabled. On physical examination (7-27-15) there was tenderness and spasm in the lumbar paraspinal muscles and restricted range of motion. The right hip and left knee were also tender to palpation. The lumbar spine and right hip were improved since the last visit. ROM was restricted in the left knee and McMurray's sign was positive. A Request for Authorization dated 7-27-15 was received for physical therapy three times a week for four weeks for the lumbar spine, right hip and left knee. The Utilization Review on 8-17-15 non-certified the request for physical therapy three times a week for four weeks for the lumbar spine, right hip and left knee, because the number of sessions and modalities would exceed the CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to lumbar spine, right hip and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) 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). Injured workers 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) Injured worker-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 injured workers 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. According to the documents available for review, the requested number of session would be in contrast to the guidelines as set forth in the MTUS. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.