

Case Number:	CM15-0179979		
Date Assigned:	09/21/2015	Date of Injury:	07/04/2015
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal Medicine

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 54 year old male who sustained an industrial injury on 7-4-15. A review of the medical records indicates he is undergoing treatment for headaches. History of closed head trauma, cervical spine sprain and strain with history of fractured vertebrae, thoracic spine sprain and strain with history of fractured vertebrae, lumbar spine sprain and strain with history of fractured vertebrae, bilateral shoulder pain, sprain, and strain, bilateral knee pain, sprain, and strain, bilateral ankle pain, sprain, and strain, ribcage pain, abdominal and stomach pain, testicular pain, anxiety, stress, and depression. Medical records (7-4-15 to 7-28-15) indicate complaints of frequent headaches with dizziness, problems focusing, and difficulty sleeping, continuous neck pain with radiation into the bilateral upper extremities, rating 7 out of 10, continuous right shoulder and arm pain, rating 6 out of 10, continuous left shoulder and arm pain, rating 8 out of 10, continuous upper, middle, and lower back pain with radiation into the bilateral lower extremities, rating 7 out of 10, continuous pain in the ribcage and chest, rating 6 out of 10, intermittent pain in his stomach, rating 8 out of 10, intermittent pain in his testicles, rating 8 out of 10, continuous right knee pain, rating 7 out of 10, continuous left knee pain, rating 5 out of 10, continuous right ankle pain, rating 8 out of 10, continuous left ankle pain, rating 8 out of 10, as well as anxiety, depression, and insomnia and nightmares (7-28-15). The physical exam (7-28-15) reveals that the injured worker uses lumbar, cervical, and bilateral knee braces, as well as a walker. The cervical spine has decreased range of motion and tenderness over the bilateral paraspinals and upper trapezius. The thoracic spine reveals tenderness and spasm over the bilateral thoracic paraspinals. The provider indicates that he was "unable to do range of motion". The lumbar spine reveals tenderness and spasms over the bilateral

lumbar paraspinals and quadratus lumborum. The shoulders and arms were noted to have decreased range of motion bilaterally and tenderness and spasms over the bilateral pectoralis and tenderness over the bilateral upper trapezius, latissimus dorsi, and rotator cuff. Bilateral knees have diminished range of motion and "diffuse tenderness bilaterally". Diagnostic studies include x-rays of the cervical, thoracic, and lumbar spine, a CT of the chest, abdomen, and pelvis, a CT of the cervical spine, and lab work. Treatment has included medications: Ibuprofen, Docusate Sodium, Diazepam, Cyclobenzaprine, Tramadol, Hydrocodone-APA, Omeprazole, and Tylenol #3. Treatment request, in addition to oral medications, include topical compound creams, in-home physical therapy twice a week for 4 weeks, an Autonomic Nervous System Evaluation, a neurology consultation, Functional Improvement Measurements, a pharmacological assay, a urinalysis, and home care and assistance. The utilization review (8-19-15) indicates denial of the request for in-home physical therapy, citing that a recommendation to certify initial 6 sessions of physical therapy for bilateral knees and ankles has been made under a separate request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home physical therapy for the bilateral ankles 2 times 4: 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: According to the MTUS, passive therapy 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. 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the beneficiary has multiple injuries with pain in the back, knees and ankles. The documentation shows that a separate request for PT of the knees and ankles has been made and approved. There is no documentation to support the medical necessity for additional physical medicine before the assessment of functional improvement as a result of the original PT sessions can be made.