

Case Number:	CM15-0024128		
Date Assigned:	02/13/2015	Date of Injury:	11/09/2011
Decision Date:	07/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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 45 year old male, who sustained an industrial injury on November 9, 2011. He reported a traumatic closed head injury and injuries of the neck, spine, and left shoulder. The injured worker was diagnosed as having a traumatic brain injury. Treatment to date has included neuropsychological treatment, neurocognitive rehabilitation, left shoulder steroid injections, and medications including pain, antidepressant, sleep, muscle relaxant, and non-steroidal anti-inflammatory. On January 7, 2015, the injured worker complains of a headache, which is rated 7/10. He also complains of sleeping only a few hours per night and improved neck pain. The physical exam revealed full cervical flexion and 80 degrees of bilateral rotation, and tenderness to touch of the paravertebral muscles. There was tenderness to palpation of the anterior structures of the left shoulder, acromioclavicular joint, and trapezius. There was decreased left shoulder flexion and abduction, and positive impingement maneuvers. The neurologic exam revealed he was alert with a bright affect, intact sensation in all of the extremities, decreased motor strength of the left upper extremity, decreased deep tendon reflexes of the bilateral upper extremities, decreased deep tendon reflex of the left knee, and registration testing = 3/3, 1 minute recall = 1/3, and recall at 5 minutes = 0/3. There was an antalgic gait with normal gait patten. The requested treatment includes full day treatment program (6 hours per day 3 days speech therapy and physical therapy 15 visits and occupational therapy and counseling).

IMR ISSUES, DECISIONS AND RATIONALES

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

Full day treatment program (6hrs per day 3 days of speech therapy and PT 15 visits and OT and counseling): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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 patient has a history of traumatic brain injury. The ODG and the California MTUS guidelines on physical therapy recommend a gradual transition from formal physical therapy to home exercise therapy. The request however is within guideline recommendation for the amount of formal therapy and therefore is medically necessary.