

Case Number:	CM15-0026437		
Date Assigned:	02/18/2015	Date of Injury:	10/21/2013
Decision Date:	04/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old female, who sustained an industrial injury on 11/6/12. The injured worker has complaints of left elbow, left shoulder and neck pain. The diagnoses have included rule out cervical HNP; left C5 radiculopathy; left shoulder impingement and left ulnar nerve entrapment. Treatment to date has included physical therapy; injections and medications. According to the utilization review performed on 2/6/15, the requested Physical therapy for the left elbow, cervical spine and thoracic spine, 2-3 x 12 (24 sessions) and Ergonomic work station has been non-certified. CA MTUS; Chronic Pain Medical Treatment Guidelines; ACOEM; Official Disability Guidelines and Guidelines/References, Neck and Upper Back Chapter Ergonomics were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left elbow, cervical spine and thoracic spine, 2-3 x 12 (24 sessions):
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: According to MTUS guidelines, Physical Medicine is 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)There is no documentation of the efficacy and outcome of previous physical therapy sessions. The patient has had at least 6 sessions of physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise. Therefore, Physical therapy for the left elbow, cervical spine and thoracic spine, 2-3 x 12 (24 sessions) is not medically necessary.

Ergonomic work station: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines prevention Page(s): 29.

Decision rationale: According to MTUS guidelines, Ergonomic Evaluation is a part of the work history in the section of exposure and protection. Ergonomic Evaluation should be a part of the physical examination. Therefore the request for Ergonomic work station is not medically necessary.

