

Case Number:	CM15-0067605		
Date Assigned:	04/15/2015	Date of Injury:	10/01/2011
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 sustained an industrial injury on 10/01/2011. The diagnoses included left neck and shoulder strains, left wrist and elbow strain and cervical and lumbar strain. Comorbid conditions includes morbid obesity (BMI 44.5). On provider visit dated 02/19/2015 the injured worker has reported shoulder pain and neck and back pain. Assessment was noted as primary localized osteoarthritis of shoulder region and lumbar disc displacement. Treatment to date has included laboratory studies, echocardiogram and medication. The provider requested ice packs, gym membership and physical therapy 2 x 4 to the bilateral low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice Packs, Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3, pg 44, 48-9, Chp 8 pg 173-4, 181, Chp 9 pg

203-4, 212; Chp 12 pg 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): Part 1 pg 12; Part 2 pg 98-9.

Decision rationale: Ice packs are devices which delivered cold to a specific body part. It is used as a passive therapy for cooling of parts of the body in order to manage pain. Localized application of cold causes the blood vessels in that area to contract, decreasing perfusion to the targeted tissue and limiting swelling and inflammation. In general, physical methods for treating injuries can be active or passive. Passive therapies may be effective in the first few weeks after an injury but have not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, such as physical therapy done at a physical therapy clinic or in the home, is more likely to result in a return to functional activities. There is no comment in the MTUS regarding gym membership but it does note that physical therapy should advance from the physical therapists office to an effective Home Exercise Program (HEP). In fact, it notes that an effective HEP should begin after the first visit to a physical therapist. There is no reason that the HEP must be done at a gym unless prior attempts at HEP were unsuccessful. This patient is well past her initial injury and has not had recent surgery. Addition of a ice packs to her therapy has no evidence-based support for its use. Additionally, a failed HEP was not documented in the patient records. Ice packs or gym membership are not medically necessary.

Physical Therapy 2x4 To The Bilateral Low Back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9; Chp 5 pg 90; Chapter 8 pages 181-2; Chp 9 pg 203-5, 212; Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above

recommendations and a good home exercise program will be key to prevent recurrent flare-ups. Since the provider's request follows the above MTUS guidelines, the request is medically necessary.