

Case Number:	CM17-0016666		
Date Assigned:	01/30/2017	Date of Injury:	11/12/2016
Decision Date:	02/23/2017	UR Denial Date:	01/11/2017
Priority:	Standard	Application Received:	01/25/2017

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 56 year old male, who sustained an industrial-work injury on 11-12-16. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the low back and pain in the left shoulder. Treatment to date has included pain medication, Nonsteroidal anti-inflammatory drugs (NSAID), emergency care, and lumbar x-ray, left shoulder x-ray, cane, and activity and work modifications. Medical records dated 12-23-16 indicate that the injured worker was seen in the emergency room after he slipped and fell on the cab of an 18 wheeler truck. The injured worker hit his shoulder on the steering wheel and felt a pop in the lower back. The injured worker was given pain medication Norco, Nonsteroidal anti-inflammatory drugs (NSAID) Naproxen and lumbar spine and left shoulder x-rays were negative. Per the treating physician report dated 12-23-16 the injured worker is currently able to work modified duty. The physical exam reveals left paralumbar spasm and there is pain with palpation over the right iliac crest in the midclavicular line. The physician indicates that the injured worker is getting physical therapy arranged. The current medications included Naproxen and Hydrocodone. There is no previous physical therapy sessions noted. The Request for Authorization dated 1-3-17 included Physical therapy 3 times a week for 4 weeks for the lumbar spine and left shoulder. The Utilization Review on 1-11-17 non-certified the request for Physical therapy 3 times a week for 4 weeks for the lumbar spine and left shoulder.

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 for the lumbar spine and left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 12/12/16); ODG, Low Back (updated 12/20/16).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): Physical medicine treatment.

Decision rationale: Recommended as indicated below. Physical medicine encompasses interventions that are within the scope of various practitioners (including Physical Therapy, Occupational Therapy, Chiropractic, and MD/DO). Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) is not indicated for addressing chronic pain in most instances; refer to the specific modality within these guidelines (e.g., massage, ultrasound). 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. Refer to the specific intervention within these guidelines (e.g., exercise). 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) ODG Physical Therapy Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. 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): 26 visits over 16 weeks Arthritis (ICD9 715): 9 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.