

Case Number:	CM13-0001421		
Date Assigned:	11/08/2013	Date of Injury:	02/25/2013
Decision Date:	12/16/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an 81-year-old male who reported an injury on 02/25/2013 due to a motor vehicle accident. The injured worker was rear ended by a vehicle that was moving at a high speed which pushed his car 20 feet. The injured worker injured his neck, back, and bilateral shoulders. Diagnoses were severe multilevel cervical disc degeneration with chronic cervical sprain, severe degenerative disc disease of the lumbosacral spine with chronic lumbosacral sprain, chronic vertebral compression at T-12 and L1, severe degenerative disc disease of the thoracic spine with chronic thoracic sprain, severe bilateral glenohumeral and acromioclavicular osteoarthritis, and chronic bilateral shoulders strain. It was reported that the injured worker had 24 physical therapy sessions that helped only temporarily. Medications were acetaminophen 500 mg 1 or 2 tablets twice a day for pain, Lisinopril 1 a day, Tylenol 1 a day, Warfarin, and Ropinirole. Surgical history included hernia repair, bone chips removed from right knee, pacemaker placement, and prostate removed due to prostate cancer. Physical examination on 03/31/2014 revealed complaints of intermittent pain in the neck with repetitive use or movements greater than 5 to 10 minutes. The pain level was measured as a 4/10 to 7/10. The neck pain did not radiate into the arms. It was reported that the right shoulder was worse than the left. The injured worker reported intermittent pain in the bilateral shoulders which was rated 3/10 to 8/10 with activities. It was worse with repetitive movements. Low back pain was rated a 3/10 to 8/10. The injured worker reported no numbness or radiation of pain into the legs. Examination of the cervical spine revealed tenderness to palpation at the posterior aspect of the neck. Examination of the upper extremities revealed diffuse tenderness to palpation of the bilateral shoulders and that the range of motion was reduced in the right upper extremity. There were positive impingement tests bilaterally. Examination of the lumbar spine revealed diffuse tenderness to palpation of the mid thoracic and lumbosacral regions. There was no tenderness to

palpation throughout the lower extremities bilaterally. There was full range of motion present of the hips and ankles bilaterally. Straight leg raise examination was negative bilaterally to 90 degrees. The neurological examination for motor strength was 5/5. Sensory examination revealed sensation intact to light touch throughout the upper and lower extremities bilaterally without deficit. The reflexes revealed for the biceps were +1 bilaterally. Triceps were +1 bilaterally. The patellae were +1 bilaterally. The Achilles was +1 bilaterally. X-rays of the cervical spine revealed severe degenerative disc disease of C3 through C7. X-rays of the lumbar spine revealed moderate to severe degenerative disc disease at L3-4, L4-5, and L5-S1. X-rays of the right shoulder revealed osteoarthritis, right shoulder in the glenohumeral, and acromioclavicular joints. X-rays of the left shoulder revealed severe osteoarthritis of the glenohumeral and acromioclavicular joints. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Osteopathic Manipulation Therapy to The Cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for reevaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. It was reported that the injured worker only had physical therapy. The injured worker has not had any manual therapy. The medical guidelines state that manual therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The clinical documentation submitted for review does not provide evidence that the injured worker meets the criteria for manual therapy. Therefore, this request is not medically necessary.

Osteopathic Manipulation Therapy to The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for reevaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. It was reported that the injured worker only had physical therapy. The injured worker has not had any manual therapy. The medical guidelines state that manual therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The clinical documentation submitted for review does not provide evidence that the injured worker meets the criteria for manual therapy. Therefore, this request is not medically necessary.

Osteopathic Manipulation Therapy to the Bilateral Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: The California Medical Treatment Utilization Schedule states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for reevaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand, or the knee. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4 to 6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks, and at 8 weeks, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. It was reported that the injured worker only had physical therapy. The injured worker has not had any manual therapy.

The medical guidelines state that manual therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. The clinical documentation submitted for review does not provide evidence that the injured worker meets the criteria for manual therapy. Therefore, this request is not medically necessary.

Physical Therapy to The Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The decision for Physical Therapy to the Cervical is not medically necessary. The California MTUS state that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a documentation that the injured had come to a plateau and was dismissed to home exercise program. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Also, the request does not indicate a frequency for the physical therapy. Therefore, this request is not medically necessary.

Physical Therapy to The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS state that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a documentation that the injured had come to a plateau and was dismissed to home exercise program. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Also, the request does not indicate a frequency for the physical therapy. Therefore, this request is not medically necessary.

Physical Therapy to The Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The California MTUS state that 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a documentation that the injured had come to a plateau and was dismissed to home exercise program. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Also, the request does not indicate a frequency for the physical therapy. Therefore, this request is not medically necessary.

Acupuncture to The Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The request submitted fails to indicate the number of sessions being requested. Therefore, this request is not medically necessary.

Acupuncture to The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be

used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, the request fails to indicate a number of sessions being requested. Therefore, this request is not medically necessary.

Acupuncture to The Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, the request fails to indicate a number of sessions being requested. Therefore, this request is not medically necessary.