

Case Number:	CM13-0012488		
Date Assigned:	09/18/2013	Date of Injury:	06/06/1999
Decision Date:	08/11/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/13/2013

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 Illinois. 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 a 47-year-old male who reported an injury on 06/05/1999. The mechanism of injury was a fall. His diagnoses include lumbar intervertebral disc disease, myofascial/myalgia, cervical intervertebral disc disease, and ankle sprain. His previous treatments include medications, brace, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulation (TENS) unit, injections, and activity modification. Per the clinical note dated 07/05/2013 the injured worker reported that he had pain in his neck with the left side worse than the right. He complains of increased pain with coughing, sneezing, and straining. He also reported he had lumbar pain associated with spasms and stiffness. He reported his current lifestyle is limited and he tries to exercise but it is too painful. His current medications include cyclobenzaprine HCL, Prilosec, ibuprofen, and tramadol. On physical examination the physician reported his general appearance was obese, depressed, and he ambulated with the assist of a cane. On physical examination of the cervical spine the physician reported decreased range of motion restricted by 50% in all directions and painful at extremes. On physical examination of the thoracic spine the physician reported tenderness throughout the thoracic spine over paramedian musculature with facet tenderness in the cervical region. There was tenderness over the entire cervical facet column bilaterally with worst pain over the upper cervical segment left. The physician reported the patient had moderate tenderness over the right ankle joint and his he walked with analgic. The physician's treatment plan recommendation was for the injured worker to continue with his medications and recommended a regular exercise program, and BMI management/weight reduction was encouraged. The most recent clinical note dated 07/25/2013, the physician reported the injured worker received improvement with aquatic therapy of 50% with increased range of motion, decreased pain, and functional improvement. The current treatment plan included a recommendation for a new ankle brace, chiropractic treatment 2 times

a week for 4 weeks, and aquatic exercise 2 times a week for 6 weeks. The rationale was to increase joint movement, decrease pain, decrease tenderness, improve gait pattern, and ability to perform functional activities with less difficulty. The Request for Authorization was provided on 07/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC VISITS QUANTITY EIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

Decision rationale: The California MTUS Guidelines state that manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. The guidelines also state that recurrent flare ups need to re-evaluate the treatment success and if return to work was achieved then 1 to 2 visits every 4 to 6 months. The clinical notes provided indicated the injured worker had continued to have pain in his neck, low back, and ankle since his injury in 1999. Per previous reviews the injured worker had completed approximately 36 previous sessions since 2012. The clinical documentation provided, indicated the injured worker had increased function, decreased pain, and increased mobility with his prior sessions. However, the current recommendation for 8 sessions of chiropractic visits in addition to his previous 36 exceeds the guidelines and manual therapy and manipulation are not recommended for the ankle and foot. The request also failed to indicate the body part the therapy was to be provided for. As such, the request for chiropractic visits quantity eight is not medically necessary.

AQUATIC THERAPY QUANTITY TWELVE: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable for extreme obesity. The guidelines indicate for number visits to refer to the Physical Medicine Guidelines. The 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. The guidelines recommendation for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks and neuralgia, neuritis, and radiculitis unspecified 8 to 10 visits over 4 weeks. The clinical documentation provided indicated

the injured worker had continued to have chronic pain since his injury however the number of previous attended sessions was not provided. The clinical documentation also failed to indicate that the injured worker had weight bearing issues to support the aquatic therapy. As such, the request for aquatic therapy quantity twelve is not medically necessary.