

Case Number:	CM13-0015601		
Date Assigned:	06/13/2014	Date of Injury:	11/04/2012
Decision Date:	08/04/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/23/2013

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 Emergency and is licensed to practice in New York. 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 patient is a 31-year-old male who was injured on November 4, 2012. The patient continued to experience pain in his lower back and right wrist. Physical examination was notable for antalgic gait, positive straight leg raise, sensory deficits left lower extremity, and normal motor function of the left lower extremities. Diagnoses included displacement of lumbar intervertebral disc without myelography, spinal stenosis, lumbar facet hypertrophy, and sprain right wrist. Treatment included medications. Request for authorization for TP II /LINT was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TP II / /lint once per week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, page(s) 58, 122 Page(s): 58, 122.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The

intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect - 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the type of therapy being requested is not clearly defined. Baseline function and goals of therapy have not been identified. The lack of information does not allow determination of efficacy or safety. Therefore, the request for TP II / /int once per week for six weeks is not medically necessary and appropriate.