

Case Number:	CM13-0032008		
Date Assigned:	12/04/2013	Date of Injury:	10/23/2012
Decision Date:	02/13/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 30-year-old male who reported a work-related injury on 10/23/2012, as a result of a contusion to the face. Subsequently, the patient is status post multiple facial trauma including mandible fractures, dental avulsion, thyroid and hyoid cartilage fracture, status post tracheostomy and removal and hardware replacement in the jaw an larynx and status post reconstructive jaw surgery. The clinical note dated 09/24/2013 reports the patient was seen under the care of [REDACTED]. The provider documented upon physical exam of the patient, the patient was non-tender upon palpation of the cervical spine. The patient was able to raise from a seated position without difficulty, gait was non-antalgic and the patient ambulated without assistance. The provider documented the patient had 5/5 motor strength noted throughout and sensation exam was intact. The provider documented the patient had a prior history of rheumatoid arthritis and restless leg syndrome. The patient was seen for follow-up for facial and jaw pain status post his work-related injury and multiple surgical interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for osteopathic manipulation, once a month for one-year, with re-evaluation at the end of one-year: Upheld

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

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient sustained multiple traumatic injuries about the face and the patient continues to present with cervical spine, oral mandibular issues, facial trauma and focal cord paralysis and tinnitus. The clinical notes document the patient upon physical exam of the cervical spine in October revealed no limitations with range of motion, no motor and no neurological or sensory deficits. The patient has utilized multiple sessions of physical therapy interventions for his cervical spine pain complaints. California MTUS indicates a trial of 6 sessions of manipulation is supported with evidence of objective functional improvement a total of up to 18 visits. The current request is excessive in nature without evaluation of the patient's course of treatment and efficacy of treatment. Therefore, given all of the above, the request for osteopathic manipulation, once a month for one-year, with re-evaluation at the end of one-year is not medically necessary or appropriate.