

Case Number:	CM13-0040937		
Date Assigned:	12/20/2013	Date of Injury:	01/27/2005
Decision Date:	05/15/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 72-year-old with a date of injury of January 27, 2005. A progress report associated with the request for services, dated September 25, 2013, identified subjective complaints of neck, bilateral shoulders and right knee pain. Objective findings included tenderness to palpation and decreased range-of-motion of the cervical spine and right knee. Diagnoses included cervical disc disease; bilateral rotator cuff syndrome and bilateral knee osteoarthritis. There were no symptoms, objective findings or diagnoses related to the lumbar spine documented. Treatment has included oral and topical analgesics. A Utilization Review determination was rendered on October 10, 2013 recommending non-certification of "physical therapy (2) times a week for (4) weeks cervical and lumbar spine and chiropractic (2) times a week for lumbar and cervical spine".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE, TWICE WEEKLY FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Physical Therapy Section

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, nine to ten visits over eight weeks. For neuralgia, neuritis, and radiculitis, eight to ten visits over four weeks. The Official Disability Guidelines (ODG) states that for neck strain, ten visits over eight weeks are recommended. For cervical disc disease and radiculopathy, ten to twelve visits over eight weeks. In this case, the request is for physical therapy of the cervical and lumbar spines. The PR-2 report makes no mention of any pathology related to the lumbar spine. The request for physical therapy for the cervical and lumbar spine, twice per week for four weeks, is not medically necessary or appropriate.

CHIRO (2) TIMES A WEEK FOR LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, Manipulation Section

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. They do not address chiropractic therapy of the neck specifically. The Official Disability Guidelines (ODG) notes that manipulation is recommended as an option for the neck. For regional neck pain, nine visits over eight weeks are recommended. For cervical strain, a trial of six to ten visits over two to four weeks depending on the severity. In this case, the request is for chiropractic of the cervical and lumbar spines. The PR-2 report makes no mention of any pathology related to the lumbar spine. The request for chiropractic care for the lumbar and cervical spine, twice per week, is not medically necessary or appropriate.