

Case Number:	CM13-0044767		
Date Assigned:	12/27/2013	Date of Injury:	07/12/2013
Decision Date:	06/30/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

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 Occupational Medicine 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:

This is a 63 year-old woman who has reported neck, back, and shoulder pain after an injury on July 12, 2013. Diagnoses have included spine sprains and shoulder joint derangement. Treatment has included medications, physical therapy, and chiropractic. 6 visits of physical therapy were prescribed and authorized in July 2013. On 9/13/13, the injured worker was seen for an initial visit in physical therapy, per a prescription from an MD. As of the 10/14/13 physical therapy report, 4 visits had been completed. Slight improvement was noted, with substantial functional deficits continuing. The injured worker was seen for an initial visit on 10/1/13 by a chiropractor. He reported ongoing shoulder, neck, back, and head pain. Specific details of the original injury are lacking. 7 chiropractic visits had been completed to date. Physical findings included tenderness, and reduced cervical, lumbar, and left shoulder range of motion. The injured worker was diagnosed with the cervical strain, lumbosacral strain and left shoulder derangement. The physical therapy, chiropractic, and MRI under Independent Medical Review were part of the treatment plan. Work status was "temporarily totally disabled". On 10/10/13 Utilization Review non-certified the chiropractic, physical therapy, and MRI now under Independent Medical Review. The MTUS was cited in support of the decision, and the Utilization Review physician noted the lack of sufficient clinical evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENTS FOR 11 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The treating physician has stated that 7 visits of chiropractic care have been completed. The treating physician has stated that the patient is "temporarily totally disabled", which implies near bed-bound status, inability to perform most Activities of Daily Living (ADL)'s, and inability to perform nearly all exercise. This is evidence of no functional improvement. Given that the focus of manipulative therapy is functional improvement, "temporarily totally disabled" is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. 11 visits exceed the recommended initial course of chiropractic per the MTUS. Since it appears that more than 6 visits of chiropractic have already been completed, the 11 visits are likely follow-up care. No additional manual and manipulative therapy is certified based on the lack of functional improvement after the initial 7 visits. The request is not medically necessary and appropriate.

PHYSICAL THERAPY 2-3 X WEEK PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement; Page 98-99, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current prescription is for up to 18 visits, which greatly exceeds the MTUS recommendations for maximum quantity. As of 10/1/13, at least 7-8 physical therapy visits had been completed. There was no evidence of any functional improvement with these visits. The treating physician has not stated a purpose for the current PT prescription. It is not clear what is intended to be accomplished with this PT, given that it will not cure the pain and there are no other goals of therapy. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend PT, as the patient is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking.

"Temporarily totally disabled" status is not an appropriate baseline for initiation of a PT program emphasizing functional improvement. Total disability work status implies a complete lack of functional improvement. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS. The request is not medically necessary and appropriate.