

Case Number:	CM13-0045552		
Date Assigned:	12/27/2013	Date of Injury:	03/06/2012
Decision Date:	07/11/2014	UR Denial Date:	10/27/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 40-year-old female who reported an injury on 03/06/2012. The patient is currently diagnosed with lumbar spine strain, sacroiliitis, right hip pain, right knee pain, and right shoulder pain. The patient was seen by [REDACTED] on 10/11/2013. The patient reported ongoing chronic right shoulder, right hip/sacroiliac joint, lumbar spine, and right knee pain. The patient has had 8 additional sessions of physical therapy and has completed several sessions of chiropractic treatment. Physical examination only revealed no acute distress. Treatment recommendations included continuation of 12 additional sessions of physical therapy and 8 additional sessions of chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 12 SESSIONS LUMBAR SPINE: Upheld

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

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

Decision rationale: The injured worker has received up to 9 sessions of physical therapy according to documentation. The CA Pain Medical Treatment Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There was a lack of documentation regarding current measurable objective functional deficits including range of motion and motor strength. The documentation regarding previous physical therapy treatment does not give quantifiable objective functional improvements. The injured worker has previously completed 9 sessions of physical therapy; the recommendation for 12 additional physical therapy sessions to the lumbar spine exceeds the guideline recommendations. There is a lack of documentation regarding current measurable objective functional deficits such as decreased range of motion and motor strength. There is a lack of documentation regarding quantifiable objective functional improvements, as well as the requested number of physical therapy sessions exceeds the recommend guidelines. Therefore, in the absence of details regarding the previous treatments and a lack of exceptional factors to warrant the need for additional therapy, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is not medically necessary.

ADDITIONAL EIGHT (8) CHIROPRACTIC SESSIONS FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: The injured worker has received previous chiropractic therapy. The California Chronic Pain Medical Treatment Guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks may be recommended. There is a lack of documentation regarding current measurable objective functional deficits, as well as quantifiable objective functional improvement with the prior therapy. There is no documentation indicating the total number of visits the injured worker has completed to date. Therefore, due to a lack of current measurable functional deficits and a quantifiable objective functional improvement, it is unknown whether chiropractic therapy is appropriate at this time. Therefore, the request is not medically necessary.