

Case Number:	CM13-0052023		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2011
Decision Date:	03/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a female patient with a date of injury of 7/11/11. An utilization review determination dated 11/12/13 recommends non-certification of chiropractic to the lumbar spine and physical therapy to the left shoulder. A progress report dated 8/21/13 identifies subjective complaints including increased stiffness since therapy was stopped. Pain level increasing to 6-8 for the neck and 8-10 for the back on a scale of 1-10. Objective examination findings identify tenderness of the paraspinal musculature. 5 degree ROM (range of motion) limitation in flexion. The treatment plan recommends formal physical therapy since aquatic therapy brought on a rash. Also continue heat, ice, anti-inflammatories, self-directed stretching and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions two times a week for six weeks to the lumbar spine: Upheld

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

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

Decision rationale: Regarding the request for chiropractic sessions two times a week for six weeks to the lumbar spine, The Chronic Pain Medical Treatment Guidelines support the use of

chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. The guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it appears that the patient has had extensive chiropractic care in the past, but there is no clear documentation of significant functional benefit from those sessions. Furthermore, only minimal deficits are noted and there is no clear indication as to why additional formal chiropractic treatment is required rather than transition to an independent home exercise program. In light of the above issues, the currently requested chiropractic sessions two times a week for six weeks to the lumbar spine is not medically necessary.

Physical therapy two times a week for six weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy two times a week for six weeks to the left shoulder, the California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is documentation of completion of prior PT (physical therapy) sessions, but there is no documentation of specific objective functional improvement with the previous sessions. There is no documentation as to why any remaining deficits cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS supports only up to 10 PT sessions for this injury. In light of the above issues, the currently requested physical therapy two times a week for six weeks to the left shoulder is not medically necessary.