

Case Number:	CM13-0055601		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2013
Decision Date:	04/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation; has a subspecialty in Pain 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:

The injured worker is a 34-year-old female with a date of injury of January 22, 2013. The patient complains of neck pain, with radiation of numbness and tingling into the arms. Cervical spine radiographs performed on date of service December 4, 2013 demonstrated reversal of normal cervical orthotic curvature, but no other abnormalities. A recent progress note from October 30, 2013 documents reduce cervical spine range of motion to 80% with pain. There is sensory loss in the right C5 and C6 distribution. There is a positive Phalen's and reverse Phalen's maneuver for carpal tunnel syndrome. The patient also has diagnosis of carpal tunnel syndrome according to a progress note on August 23, 2013. This note also documents that after initial consultation with a chiropractor on February 13, 2013 she has began conservative chiropractic treatment and massage therapy. The treatment provided relief of pain and upper back and shoulder pain, and she was provided with stretching and strengthening exercises for home therapy. The disputed issues are a request for chiropractic therapy once a month, myofascial therapy once a month and range of motion exercises once per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSERVATIVE CHIROPRACTIC, ONCE A MONTH: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommended manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this case, there is a lack of documentation of objective functional benefit from previous chiropractic manipulation. It is unclear from the submitted documentation whether the previous chiropractic therapy had resulted in a change in work status or other functional benefit. Therefore, the request is recommended for non-certification.

MYOFASCIAL THERAPY, ONCE A MONTH: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend massage therapy as an option in adjunct to other recommended treatments (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, there is a lack of documentation of objective functional benefit from previous myotherapy. It is unclear from the submitted documentation whether the previous myotherapy has been done, the duration of this therapy, and whether this resulted in a change in work status or other functional benefit. Therefore, the request is recommended for non-certification.

RANGE OF MOTION EXERCISES, ONCE A MONTH: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend passive therapies (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual

and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, there is a lack of documentation of objective functional benefit from previous physiotherapy. It is unclear from the submitted documentation exactly how much prior physiotherapy have been completed, and whether this resulted in a change in work status or other functional benefit. Therefore, the request is recommended for non-certification.