

Case Number:	CM13-0060719		
Date Assigned:	12/30/2013	Date of Injury:	08/11/2009
Decision Date:	06/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 52-year-old female who was injured at work on 8/11/2009. Her diagnoses are right lateral epicondylitis, right wrist sprain/strain, right wrist tendinitis, right lateral meniscus tear, cervical sprain and strain, and mononeuritis of the right upper extremity. Subjective complaints are of intractable right-hand pain with continued use of pain medications and a modified activity level. Patient also complains of right knee pain, and neck pain with radiation into the right upper extremity which is associated with numbness. Objective findings on physical exam were limited to the general appearance only, and it appeared the remainder of the physical exam was either not recorded or cut off. The patient has undergone a four year course of treatment for neck and extremity complaints, which has included medications (Tylenol number three, Anaprox and Protonix), activity restrictions, physical therapy, and other modalities. A MRI of the cervical spine on 8/28/2013 showed C5-6 bilateral lateral recess and foraminal stenosis (right greater than left). A MRI of the right knee, done on 8/28/2013 showed persistent signal abnormality in the anterior body of the lateral meniscus with differential considerations, including persistent meniscus tear versus post partial meniscectomy changes with the recommendations for MRI arthrography, if indicated. Requests were made for chiropractic therapy on the cervical spine three times weekly for four weeks, which was noncertified, and physical therapy for the right knee two times weekly for four weeks, which was also noncertified. Submitted documentation indicates previous physical therapy for the knee in 2011 consisting of 12 visits. The medical records are unclear if prior chiropractic care had been given. There was no up-to-date rationale for physical therapy or chiropractic care provided, nor were any of the goals of physical therapy delineated. Furthermore, there was no mention of any attempt to facilitate a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANNIPULATION Page(s): 57-59.

Decision rationale: CA MTUS recommends manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual medicine is intended to achieve positive symptomatic or objective gains in function and progression of a therapeutic exercise program. Specifically, CA MTUS suggests 1-2 visits a week for first 2 weeks then 1 treatment per week for the next 6 weeks. This patient has ongoing neck pain, but does not have an updated physical exam. Furthermore, the requested visits exceed guideline recommendations, and are therefore not medically necessary.

PHYSICAL THERAPY TWICE WEEKLY FOR FOUR (4) WEEKS, RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine California Medical Treatment Utilization Schedule. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, Page(s): 98. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG) Knee, Physical Therapy.

Decision rationale: The ODG states that medical treatment for meniscal injuries consists of 9 visits over 8 weeks. This patient had previously received at least 12 sessions of physical therapy. Furthermore, no documented clinical rationale or objective findings reveal why further physical therapy is needed at this point in treatment. Therefore, the medical necessity for 8 sessions of physical therapy is not established.