MAXIMUS Federal Services

Case Number:	CM13-0064709		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2013
Decision Date:	05/28/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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, 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 patient is an employee of [redacted] and has submitted a claim for cervical sprain, lumbar sprain, thoracic sprain, sacral sprain, knee sprain, and lumbar disc herniation associated with an industrial injury date of 01/10/2013. Treatment to date has included chiropractic care, physical therapy, knee immobilizer, and medications including hydrocodone, gabapentin, diclofenac, cyclobenzaprine, and pantoprazole. Utilization review from 11/13/2013 was mentioned. However, the official document was not included in the medical records submitted. Requested treatment procedures and its decision are unknown. Medical records from 2013 were reviewed showing that patient complained of frequent to less than frequent moderate pain within the right knee; frequent more than moderate but less than severe deep, dull achy pain within the cervical region; more than frequent moderate to more than moderate deep, dull achy pain within the thoracic region; constant more than moderate deep, dull achy pain within the lumbar region with radiation into the lower kinetic chain. She noted that the medication and chiropractic care allowed an increase in activities of daily living such as walking, prolonged standing and trips to the grocery store. Physical examination showed positive bilateral shoulder depression test, bilateral maximal foraminal compression test, cervical distraction test, Yeoman's test, right; Kemp's test, bilateral; Patrick's test, right; Nachlas test, right; varus and valgus stress tests at the right knee; positive Valsalva, negative Hoover's and skin pinch test for symptom magnification. Cervical spine range of motion showed flexion 50/55, extension 35/45, left lateral bending 30/40, right lateral bending 40/40, left rotation 75/80, and right rotation 80/80. Lumbar spine range of motion showed flexion 50/90, extension 5/30, left lateral bending 20/30, right lateral bending 10/30, left rotation 20/30, and right rotation 20/30. Range of motion of right knee was recorded as 125/135 for flexion, and 10/0 for extension. Patient's gait remained altered. Patient presented

with antalgic posutre but has improved since treatment. Station and gait were also improved following treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR TO EIGHT CHIROPRACTIC VISITS BETWEEN 10/28/2013 AND 12/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines (May 2009) and ODG Chiropractic Guidelines, Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: As stated in pages 58-59 of Chronic Pain Medical Treatment Guidelines, the intended goal 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. Maximum duration of therapy is 8 weeks. Treatment beyond this should be documented with objective improvement in function. In this case, the patient has started undergoing chiropractic care since 03/21/2013 which is beyond the maximum duration of therapy recommended. The total visit to chiropractic therapy is likewise unclear based on the medical records submitted. As stated in a progress report written on 09/16/2013, patient complained of frequent to less than frequent moderate pain within the right knee; which did not differ from a note dated 10/28/2013. No other subjective complaints pertaining to the cervical, thoracic and lumbar region were recorded. Although there was noted increase in activities such as walking, prolonged standing, and trips to the grocery; the rest of the physical examination did not show any objective improvement. The findings for posture, station, and gait were only stated as improved following treatment without any precise description showing a development from the previous evaluation. Therefore, the request of four to eight chiropractic visits between 10/28/2013 and 12/26/2013 is not medically necessary.

1-2 TIMES PER WEEK OF WORK CONDITIONING/FUNCTIONAL RESTORATION BETWEEN 10/28/13 AND 12/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California workers' Compensation Official Medical Fee Schedule, 4/1/1999 revision, page 504; as well as ODG Physical Medicine Guidelines - Work Conditioning; and California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of California workers' Compensation Official Medical Fee Schedule, 4/1/1999 revision, page 504; as well as ODG Physical Medicine

Guidelines - Work Conditioning; and California Chronic Pain Medical Treatment Guidelines (May 2009).

Decision rationale: As stated in page 125 of CA MTUS Chronic Pain Medical Treatment Guidelines, the criteria for admission to a Work Hardening Program includes: after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau; and a defined return to work goal agreed to by the employer and employee. In this case, a progress report, dated 02/25/2013, stated that patient underwent one session of physical therapy. It is unclear whether the patient continued attending therapy sessions and the functional improvement gained from it. Moreover, the medical records submitted for review did not include a documentation regarding a return to work goal agreement between the employer and employee. The guideline criteria have not been met. Therefore, the request for 1-2 times per week of work conditioning / functional restoration between 10/28/13 and 12/26/2013 is not medically necessary.

ONE ORDER TO CONTINUE W/MEDS BETWEEN 10/28/2013 AND 12/26/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

Decision rationale: As stated in pages 7-8 of CA MTUS Chronic Pain Medical Treatment Guidelines, using medications in the treatment of pain requires a thorough understanding of the mechanism underlying the pain as well as to identify comorbidities that might predict an adverse outcome. Choice of pharmacotherapy must be based on the type of pain to be treated and there may be more than one pain mechanism involved. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. In this case, patient has been prescribed hydrocodone, gabapentin, diclofenac, cyclobenzaprine, and pantoprazole in the past. Medical records submitted for review do not indicate the present medications of the patient. Moreover, the request did not specify the exact medication, its dosage, and amount to dispense. A clear understanding of the mechanism of action for pain of each medication is recommended. Therefore, the request for one order to continue w/ meds between 10/28/2013 and 12/26/2013 is not medically necessary.