

Case Number:	CM14-0007543		
Date Assigned:	02/10/2014	Date of Injury:	06/11/2013
Decision Date:	06/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery and is licensed to practice in California, Texas and Tennessee. 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 42-year-old who was injured on June 11, 2013. In this specific case, the prior treatment is largely irrelevant as the injured completed only half of the previously authorized sixteen physical therapy and chiropractic therapy visits. The sixteen visits exceed guidelines for both requests. The additional twelve visits with more than double the recommendation by guidelines. The utilization review in question was rendered on January 13, 2014. The request for physical therapy and chiropractic manipulation was noncertified. The reviewer indicates that previous authorization was provided for sixteen visits for chiropractic care and only eight visits were provided to the patient. Subsequent clinical documentation from the treating clinician on January 16, 2014 requests an extension of the previously authorized visits so that the injured can complete the sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY X13 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) supports the use of physiotherapy in the management of chronic pain and recommends up to ten visits for myositis and radiculitis. Based on the documentation provided, the injured completed 8 of the 16 physiotherapy visits that were previously certified at the time the request for 12 additional visits was placed. This additional request significantly exceeds the California Medical Treatment Utilization Schedule (CAMTUS) guidelines, and the injured has not completed the current course. As such, the request is considered not medically necessary.

CHIROPRACTIC MANIPULATIONS X12 FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 61-62.

Decision rationale: The California MTUS supports a maximum of 18 visits of chiropractic therapy for the low back and indicates that a trial of six visits should be performed to determine if there is evidence of objective functional improvement. Based on the documentation provided, the claimant had completed 8 of the 16 chiropractic visits that were previously certified at the time the request for 12 additional visits was placed. The additional requested visits significantly exceed the California MTUS guidelines, and the injured has not completed the current course. As such, request is considered not medically necessary.