

Case Number:	CM14-0008741		
Date Assigned:	02/12/2014	Date of Injury:	03/10/2010
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
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 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 a 33 Y/O male with DOI of 3/10/10, injuring his left hip, back, right thigh and knee, B/L shoulders and ankles. The patient's subjective complaints include ongoing neck and mid / low back pain and difficulty with ADLs, including lifting, as well as pain, tingling / numbness in his right hand / wrist. Objectively, the cervical and lumbar ROM is decreased. The right wrist ROM was decreased associated with tenderness at the ulnar aspect extending to the forearm. There is numbness in the right 4th and 5th fingers spreading up to the elbow. Strength was 4/5 at the left ankle DF. Diagnosis: Cervical and lumbar sprain with disc displacement and radiculitis, lumbar radiculitis, myofasciitis, S/P left Tarsal tunnel decompression and neurolysis of the medial plantar, lateral plantar, Post Tibial and excision of abnormal FHL. The NCS/EMG dated 1/9/12 showed borderline right carpal tunnel syndrome, borderline right cubital tunnel syndrome and possible chronic right C6,C7 radiculopathy. An MRI of L/S spine showed disc bulging at L5-S1 as well as mild B/L L4-5 and L5-S1 facet hypertrophy. An MRI of the cervical spine showed multilevel disc desiccation. The MRI of the left shoulder showed tendinopathy of the supraspinatus without tear. He received PT and chiropractic services in 2013. [REDACTED] noted on 8/5/13, that the patient requires home exercise program and modalities (heat, ice), NSAIDs and fitness program. The patient was certified for PT x 6 visits in 2/2013, PT x 4 visits in 5/2013, chiropractic treatment x 4 in 8/2013 and chiropractic treatment x6 in 12/2013. On 11/14/13, the patient stated that he feels much better with chiropractic treatment, which helped more than PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC MANIPULATION 2X4 QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 7/18/2009, MANUAL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN,.

Decision rationale: The patient has already been certified for 6 chiropractic treatments in 12/2013. However, the submitted records indicate that the approved treatments have not been provided to the patient. Furthermore, the patient has already received PT and Chiropractic treatments in 2013. The patient has previously stated that chiropractic treatments have been helpful. However, there is no record of the therapy notes, documenting improvement in the objective measurements; i.e. pain level, ROM, strength, in order to demonstrate such improvement. Nonetheless, the patient should have been transitioned to home exercise program by now. Therefore, the medical necessity of the requested services cannot be established based on the available information.

PHYSIOTHERAPY 2X4 QTY:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY &.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN,.

Decision rationale: The patient has already received PT and Chiropractic treatments in 2013. The patient has previously stated that chiropractic treatments have been helpful. Furthermore, there is no record of the previous therapy notes, documenting improvement in the objective measurements; i.e. pain level, ROM, strength, in order to demonstrate any improvement. Nonetheless, the patient should have been transitioned to home exercise program by now. Therefore, the medical necessity of the requested services cannot be established based on the available information.

ACTIVE WORK CONDITIONING 2 X4 QTY:8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 7/18/2009, MANUAL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN,.

Decision rationale: According to the guideline criteria for work conditioning, it is recommended as an option after reaching a plateau with other treatments and when the patient is not a candidate for surgical intervention. It further states that treatment is not supported for longer than 1-2

weeks without evidence of patient compliance and demonstrated significant gains. The patient's work status is unknown and the body part for active work conditioning has not been specified. Furthermore, he is noted in 11/2013 to be referred to a hand specialist. Therefore, the medical necessity of the requested service cannot be established at this time.