

Case Number:	CM14-0105325		
Date Assigned:	09/24/2014	Date of Injury:	07/01/2013
Decision Date:	10/24/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/08/2014

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:

This 39-year-old patient had a date of injury of 7/1/2013. The mechanism of injury was collision in a motor vehicle accident as a passenger in back seat. In a progress noted dated 6/5/2014, the patient complains of intermittent moderate sharp, achy 10/10 low back pain and stiffness, associated with prolonged bending, better with laying down, no sciatica. The right shoulder has severe dull, achy 10/10 pain, stiffness and weakness, aggravated by movement and prolonged overhead reaching, better with relaxation, mild clicking and popping. On a physical exam dated 6/5/2014, there is tenderness to palpation of the lumbar paravertebral muscles. The patient is benefiting from physical therapy, acupuncture, shockwave treatment, and medications. The diagnostic impression shows lumbar strain/sprain and right shoulder sprain/strain. Treatment to date: medication therapy, behavioral modification, acupuncture, shockwave treatment, and physical therapy. A UR decision dated 6/9/2014 denied the request for chiropractic treatment 1x/week for 6 weeks to lumbar and right shoulder, there is limited documentation of restrictions in range of motion of the lumbar spine and right shoulder to support a trial of chiropractic treatment. Also, pending response from acupuncture visits, the medical necessity of this request is not established. Additional physical therapy 1x/week for 6 weeks to lumbar and right shoulder was denied, stating that this patient has had 23 physical therapy treatments in the past; however there is limited documentation of objective functional gains obtained from past visits to support additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 1 time a week for 6 weeks to lumbar and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back

Decision rationale: The California MTUS does not address this issue. ODG states that manipulation is recommended as an option in acute low back pain without radiculopathy. If manipulation has not resulted in functional improvement in first 1-2 weeks, it should be stopped and the patient reevaluated. However, in the 6/5/2014 progress report, there was no clear rationale provided regarding the medical necessity of chiropractic treatments. The patient is noted to be receiving benefit from physical therapy, acupuncture, and shockwave treatment. Furthermore, guidelines recommend only an initial trial of 2 weeks maximum to assess for functional improvement. Therefore, the request for chiropractic treatment 1x/week for 6 weeks is not medically necessary.

Additional Physical Therapy 1 time a week for 6 weeks to lumbar and right shoulder:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back and the Non-MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 114

Decision rationale: The California MTUS stresses the importance of a time-limited treatment plan with clearly-defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines recommend allowing for fading of treatment frequency. ODG recommends 10 visits over 8 weeks for lumbar sprains and strains. However, in the reports viewed, this patient has completed at least 12 physical therapy visits in 7/2013, and there was no rationale provided regarding why this patient could not have transitioned into a home exercise program (HEP). Furthermore, the timeframe for treatment has passed, and there was no clear documentation of functional improvements from previous sessions to justify further treatment. Therefore, the request for physical therapy 1x/week for 6 weeks to the lumbar and right shoulder was not medically necessary.