MAXIMUS Federal Services

Case Number:	CM14-0107774		
Date Assigned:	08/01/2014	Date of Injury:	05/26/1998
Decision Date:	09/30/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal Medicine 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 injured worker is a 59-year-old female who reported an injury on 05/26/1998 due to a slip and fall. On 01/22/2014, the injured worker presented with neck, left shoulder, and right ankle pain. Upon examination, the injured worker was walking and sitting in an antalgic position leaning towards the left, indicating possible lumbar central disc bulge/protrusion. Lumbar range of motion for extension was 0 degrees. Flexion and left lateral flexion was 12/35 degrees, and right lateral flexion was 8/35 degrees. There was a positive left sided straight leg raise with tenderness and hypertonicity noted with palpation to the left lumbar gluteal area. Diagnoses were lumbar sprain/strain, cervical sprain/strain, thoracic sprain/strain, displacement of the lumbar disc, thoracic neuritis, scapular thoracic bursitis to the left, and right foot injury. Prior therapy included chiropractic therapy, physical therapy, and medications. The provider recommended additional chiropractic and physical therapy treatments. The provider's rationale is not provided. The Request for Authorization form was dated 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Chiropractic treatments with adjunctive physical therapy (IFC, Laser, STM or massage): Upheld

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

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

Decision rationale: California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 18 visits over a 6 to 8 weeks period. California MTUS further states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request does not indicate the site at which the chiropractic treatment of physical therapy visits are intended for in the request as submitted. As such the request for 5 chiropractic treatments with adjunctive physical therapy (IFC, laser, STM, or massage) is not medically necessary.