

Case Number:	CM14-0010573		
Date Assigned:	02/21/2014	Date of Injury:	11/05/2013
Decision Date:	08/06/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/27/2014

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 Nevada. 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 records presented for review indicate that this 29-year-old female was reportedly injured on November 5, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 17, 2014, indicates that there are ongoing complaints of occasional headaches and occasional mild neck pain. The physical examination demonstrated decreased cervical spine range of motion and tenderness along the cervical spine paravertebral muscles and trapezius. The examination of the lumbar spine noted decreased and painful motion. There was also tenderness along the lumbar paravertebral muscles. No specific treatment plan was mentioned. Previous treatment includes physical therapy. A request had been made for chiropractic care, physical therapy, and a follow-up office visit in 4 to 6 weeks and was not certified in the pre-authorization process on January 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS - 20 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section Page(s): 58-59 of 127.

Decision rationale: According to the attached medical record the injured employee was stated to be feeling better with treatment although it is not stated that this is specifically due to physical therapy, chiropractic care, or other treatment. There is no documentation of specific objective pain relief and functional benefit due to chiropractic care. For these reasons the request for 20 visits of chiropractic care is not medically necessary.

PHYSICAL THERAPY QTY 12:00 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the attached medical record the injured employee was stated to be feeling better with treatment although it is not stated that this is specifically due to physical therapy, chiropractic care, or other treatment. There is no documentation of specific objective pain relief and functional benefit due to physical therapy. Additionally at this point, the injured employee should be well-versed on what is required of physical therapy for her and should be able to continue this on her own at home with a home exercise program. For these reasons the request for an additional 12 visits of physical therapy is not medically necessary.

RETURN TO CLINIC WITHIN 4-6 WEEKS: Upheld

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

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

Decision rationale: Office visits are recommended to be determined as medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As the injured employee is not taking any opioid medications, has shown improvement, and has been released back to work, this request for a follow-up visit and a return to the clinic in 4 - 6 weeks is not medically necessary.