

<b>Case Number:</b>	CM14-0010786		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back, mid back, neck, and shoulder pain reportedly associated with an industrial injury of June 19, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and several months off of work. In a Utilization Review Report dated December 27, 2013, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy and also denied a request for 12 sessions of physiotherapy/physical therapy. The claims administrator contended that the applicant had had manipulative therapy at an earlier point in the life of the claim. A variety of guidelines, including non-MTUS Chapter 6 ACOEM Guidelines, were cited in the denial. The applicant's attorney subsequently appealed. A handwritten PTP note dated December 5, 2013 was notable for comments that the applicant reported persistent shoulder and low back pain with associated diminution in range of motion about the same. The applicant was placed off of work, on total temporary disability, and asked to obtain acupuncture, functional capacity testing, and computerized range of motion testing. A November 27, 2013 progress note is notable for comments that the applicant reported persistent low back pain, shoulder pain, and upper back pain. The applicant exhibited diminished range of motion about the shoulder with positive signs of internal impingement. A TENS unit, hot and cold devices, Protonix, physical therapy, chiropractic treatment, and a rather proscriptive 25-pound lifting limitation were endorsed. It was not clear whether the applicant was in fact working or not. It appears that physical therapy was earlier requested through a request for authorization form dated July 17, 2013. The applicant was asked to continue physical therapy in a progress note of July 5, 2013, it was further noted. There is no clear evidence that the applicant had had manipulative therapy, however, at least based on the submitted information.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **CHIROPRACTIC TREATMENT LUMBAR SPINE 2 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The request in question appears to represent a first-time request for chiropractic manipulative therapy, at least during the chronic pain phase of the injury. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, however, manipulative therapy should initially be delivered as a trial of six visits over two weeks. With evidence of functional improvement, total of 18 visits are endorsed, the MTUS notes. In this case, however, the attending provider has seemingly sought authorization for 12 sessions of chiropractic manipulative therapy at the outset of treatment. This is twice that suggested in the MTUS for an initial trial of chiropractic manipulative therapy. Therefore, the request is not medically necessary.

### **PHYSIOTHERAPY 2 X 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic Page(s): 99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** The 12-session course of treatment, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. In this case, no clear rationale for treatment in excess of MTUS parameters was provided. It is further noted that the applicant has had unspecified amounts of physical therapy over the life of the claim and has failed to demonstrate any lasting benefit or functional improvement as defined in MTUS 9792.20f despite completion of the same. The applicant remains off of work. The applicant remains reliant on medications and acupuncture. All of the above, taken together, suggest a lack of functional improvement as defined in section 9792.20f despite completion of earlier unspecified amounts of physical therapy/physiotherapy. Therefore, the request is not medically necessary.

