

<b>Case Number:</b>	CM14-0011039		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	11/12/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Minnesota. 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 51-year-old female who reported an injury on 11/12/2013. The mechanism of injury was noted to be continuous trauma. Per the progress note dated 03/28/2014, the injured worker reported improvement of her symptoms with temporary relief of symptoms after the acupuncture and chiropractic treatments. However, she feels her condition has remained the same. The injured worker reported continuing neck pain; low back pain; and bilateral shoulder, elbow, wrist, hip, knee, ankle, and foot pain. An MRI dated 02/04/2014 of the cervical spine reported disc desiccation at C2-3 down to C5-6, straightening of the cervical lordosis, C4-5 focal left paracentral disc herniation, C5-6 diffuse disc herniation which indents the thecal sac, C6-7 diffuse disc herniation which intends the thecal sac. An MRI on the same day of the lumbar spine reported disc desiccation at L3-4, L4-5, and L5-S1; straightening of the lumbar lordotic curvature; diffuse disc herniation from L3-S1 indenting the thecal sacs with concurrent hypertrophy of the facet joints. X-rays of the elbows and wrists indicated soft tissue swelling bilaterally, no acute fractures or subluxation noted. Bilateral x-rays of the ankles revealed soft tissue swelling. On physical examination, cervical spine was tender to palpation over the paracervical muscles without spasm noted, range of motion was full, and Spurling's sign was negative. Inspection of the thoracic spine reported tenderness to palpation over the paradorsal muscles without spasm. Examination of the lumbosacral spine reported accentuated lumbar lordosis with diffuse tenderness to palpation over the paralumbar musculature, full range of motion, and a negative straight leg raise bilaterally. Examination of bilateral shoulders revealed tenderness to palpation bilaterally; impingement test and shoulder instability negative bilaterally. Right elbow examination revealed tenderness to palpation over the humeral epicondyles, more severe on the medial epicondyle; left elbow reported no significant change. Bilateral wrists examination revealed normal alignment, tenderness over the first dorsal compartment of bilateral

wrists, Finkelstein's test bilaterally was positive and range of motion was full. Bilateral hands examination revealed tenderness to palpation over the carpal tunnel area. Sensation was intact. Tinel's, Phalen's, and Durkan's test were negative bilaterally; however, there were clinical objective findings of carpal tunnel syndrome. Previous treatments for the injured worker included physical therapy, chiropractic, acupuncture, surgery, paraffin baths, and the interferential stimulation. Diagnoses for the injured worker included cervical spine sprain, lumbar spine sprain, bilateral shoulder sprain and strain, lateral humeral epicondylitis for the right bilaterally, early bilateral carpal tunnel syndrome, de Quervain's tenosynovitis, bilateral trochanter bursitis, bilateral ankle sprain and strain. The request for authorization for medical treatment for the physical therapy and the chiropractic, along with the interferential stimulation unit, was dated 01/03/2013. The provider's rationale for the request for physical therapy and chiropractic, along with the interferential unit were not provided in the documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY OF THE CERVICAL, TWO TIMES A WEEK FOR FOUR WEEKS,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Patients 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 8 to 10 visits over 4 weeks. In addition, they allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There was a lack of documentation regarding functional improvement related to previous physical therapy treatments. There was a lack of documentation regarding a home-based exercise program and the compliance with that program by the injured worker. The documentation provided indicated the injured worker had previously attended 5 physical therapy sessions; however, the timeframe for those visits was not provided. In addition, the guidelines recommend 8 to 10 visits over 4 weeks, with fading of treatments to 1 or less per week. However, since the injured worker has completed 5 visits, the request for an additional 8 visits would fall outside the guidelines. Therefore, the request for physical therapy of the cervical is not medically necessary.

#### **PHYSICAL THERAPY OF THE LUMBAR, TWO TIMES A WEEK FOR FOUR WEEKS,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Patients 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 8 to 10 visits over 4 weeks. In addition, allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There was a lack of documentation regarding functional improvement related to previous physical therapy treatments. There was a lack of documentation regarding a home-based exercise program and the compliance of that program by the injured worker. The documentation provided indicated the injured worker had previously attended 5 physical therapy sessions; however, the timeframe for those visits was not provided. In addition, the guidelines recommend 8 to 10 visits over 4 weeks, with fading of treatments to 1 or less per week; however, since the injured worker has completed 5 visits, the request for an additional 8 visits would fall outside of the guidelines. Therefore, the request for physical therapy of the lumbar is not medically necessary.

**PHYSICAL THERAPY OF THE SHOULDER, TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Patients 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 8 to 10 visits over 4 weeks. In addition, they allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There was a lack of documentation regarding functional improvement related to previous physical therapy treatments. There was a lack of documentation regarding a home-based exercise program and the compliance with that program by the injured worker. The documentation provided indicated that the injured worker had previously attended 5 physical therapy sessions; however, the timeframe for those visits was not provided. In addition, the guidelines recommend 8 to 10 visits over 4 weeks, with fading of treatments to 1 or less per week. However, since the injured worker has

completed 5 visits, the request for an additional 8 visits would fall outside the guidelines. Therefore, the request for physical therapy of the shoulder is not medically necessary.

**PHYSICAL THERAPY OF THE ANKLE, TWO TIMES A WEEK FOR FOUR WEEKS,:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Patients 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 8 to 10 visits over 4 weeks. In addition, they allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There was a lack of documentation regarding functional improvement related to previous physical therapy treatments. There was a lack of documentation regarding a home-based exercise program and the compliance of that program by the injured worker. The documentation provided indicated the injured worker had previously attended 5 physical therapy sessions; however, the timeframe for those visits was not provided. In addition, the guidelines recommend 8 to 10 visits over 4 weeks, with fading of treatments to 1 or less per week; however, since the injured worker has completed 5 visits, the request for an additional 8 visits would fall outside of the guidelines. Therefore, the request for physical therapy of the ankle is not medically necessary.

**PHYSICAL THERAPY OF THE WRISTS, TWO TIMES A WEEK FOR FOUR WEEKS:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state 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. Patients 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 8 to 10 visits over 4 weeks. In addition, they allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. There was a lack of

documentation regarding functional improvement related to previous physical therapy treatments. There was a lack of documentation regarding a home-based exercise program and the compliance with that program by the injured worker. The documentation provided indicated that the injured worker had previously attended 5 physical therapy sessions; however, the timeframe for those visits was not provided. In addition, the guidelines recommend 8 to 10 visits over 4 weeks, with fading of treatments to 1 or less per week. However, since the injured worker has completed 5 visits, the request for an additional 8 visits would fall outside the guidelines. Therefore, the request for physical therapy of the wrists is not medically necessary.

**CHIROPRACTIC TREATMENT OF THE CERVICAL, ONCE A WEEK FOR FOUR WEEKS,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Maximum duration of treatments is 8 weeks. Extended duration of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. The documentation provided indicated the injured worker had completed 8 chiropractic visits prior to this request; however, there was a lack of documentation regarding objective functional improvement following these treatments. There was a lack of documentation regarding the timeframe for the previous treatments. There was documentation by the injured worker stating that the chiropractic treatments gave her temporary relief of her symptoms. However, there was no clinical documentation regarding that relief. In addition, there was a lack of documentation regarding the incorporation of independent home exercises. Therefore, the request for chiropractic treatment of the cervical is not medically necessary.

**CHIROPRACTIC TREATMENT OF THE LUMBAR ONCE A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions.

Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is recommended as an option for the low back. Therapeutic care begins with a trial of 6 visits over 2 weeks; with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. Elective maintenance care is not medically necessary, and recurrences or flare-ups need to be re-evaluated for treatment success. If return to work is achieved, then 1 to 2 visits over 4 to 6 months is recommended. Time to produce effect is 4 to 6 treatments with a frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks, with a maximum duration of 8 weeks. Extended durations of care beyond what is considered maximum may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. The documentation provided indicated the injured worker had completed 8 chiropractic visits prior to this request; however, there was a lack of documentation regarding objective functional improvement following those treatments. There was a lack of documentation regarding the timeframe for the previous treatments. There was a lack of documentation regarding the incorporation of independent home exercises for the injured worker. In addition, the time to produce effect, per the guidelines, is 4 to 6 treatments at 1 to 2 times a week. However, there was a lack of documentation regarding any positive effect of the treatments previously received. Therefore, the request for chiropractic treatment of the lumbar is not medically necessary.

**IF4 UNIT FOR HOME USE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that specific criteria is required for the use of interferential current stimulation. The criteria include the following: pain is ineffectively controlled due to diminished effectiveness of pain; pain is ineffectively controlled with medications due to side effects; a history of substance abuse; significant pain from postoperative conditions; limits the ability to perform exercise programs or physical therapy treatment; or the injured worker is unresponsive to conservative measures. If these criteria are met, then a 1-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain, and evidence of medication reduction. It is not recommended as an isolated intervention. There is no evidence of effectiveness, except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There was a lack of documentation regarding the utilization of this treatment modality, including a trial. There was a lack of documentation regarding the efficacy of the treatment, including an increase in functionality, decrease in pain or oral pain medications. There was a lack of documentation regarding diminished effective oral medications or side effects that prevent the use of oral

medications. There was documentation of relief noted from chiropractic and acupuncture treatments by the injured worker. There was a lack of documentation regarding the intended use of this unit, including proposed outcomes. In addition, the guidelines note that there is a lack of clinical findings to recommend this treatment. Therefore, the requested IF4 unit for home use is not medically necessary.