

<b>Case Number:</b>	CM14-0116525		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 licensed Chiropractic 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 patient is a 49-year-old female born on 10/07/1964. While working as an account representative, she began experiencing muscle and back pain, believed to be brought on by sitting all day at her desk performing such duties as taking phone calls, typing and addressing insurance issues with the reported date of injury on 11/01/2010. The chiropractor's progress report of 08/07/2013 notes complaints of pain in the low back (8/10), neck (5-6/10) and mid back (8/10) with headache frequency of 1 per week. She was diagnosed with cervicothoracic sprain/strain with segmental dysfunction, myofascial pain syndrome, bilateral shoulder strain, lumbar sprain/strain with segmental dysfunction, and bilateral wrist and forearm strain. The chiropractor recommended 6 visits. Treating with a different chiropractor than authored the 08/07/2013 progress report, the chiropractor's PR-2 of 05/13/2014 reports complaints of lumbosacral spine symptoms, right hip symptoms, cervical spine symptoms, left shoulder symptoms, chest symptoms, bilateral forearm symptoms, bilateral wrist symptoms, and bilateral knees symptoms. Diagnoses reported as lumbosacral sprain/strain, right hip sprain/strain, cervical sprain/strain, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, bilateral knee sprain/strain, sacroiliac subluxation, lumbar disc, cervical disc, brachial neuritis or radiculitis, and peripheral neuropathy. The patient had completed an initial course of 6 visits with some improvement, and there was a request for additional chiropractic treatment (manipulation/mobilization) in conjunction with physiotherapy (cryotherapy, hot pack, EMS/interferential, flexion traction, and therapeutic exercise) at a frequency of 2 times per week for 4 weeks (8 visits total). The chiropractor's PR-2 of 06/17/2014 reports the patient had completed 15 chiropractic visits, diagnoses were unchanged from those reported on 05/13/2104, and the chiropractor requested authorization for chiropractic and associated physiotherapy care at a frequency of 2 times per week for 4 weeks (8 visits total). The chiropractor's PR-2 of

07/22/2014 reports complaints of cervical spine symptoms, bilateral shoulder symptoms, lumbosacral symptoms, and right hip symptoms. Diagnoses remained unchanged from those reported since 05/13/2014. This document reports the patient had completed 22 visits of chiropractic treatment with associated physiotherapy and continued to show improvement, but slower than expected. The chiropractor requested authorization for additional chiropractic (manipulation/mobilization) and physiotherapy (cryotherapy, moist heat, EMS/interferential, flexion distraction, and therapeutic exercise) treatments at a frequency of 1 time per week for 2 weeks.

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

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

**Chiro/Physiotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic/Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Manual Therapy & Manipulation, Physical Medicine/Physical Therapy Page(s): 46-47, 58-60, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic), Procedure Summary - Manipulation/ODG Chiropractic Guidelines. Updated 08/04/2014.

**Decision rationale:** MTUS and ODG do not support medical necessity for additional chiropractic/physiotherapy visits. This patient has been treating with chiropractic care since prior to 08/07/2013 and recently completed 22 chiropractic treatment sessions. There is no evidence of measured objective functional improvement with chiropractic care rendered during a 6-visit treatment trial, no measured evidence of an acute flare-up, no evidence of a new condition, and elective/maintenance care is not supported; therefore, the request for additional chiropractic treatment visits exceeds MTUS and ODG recommendations and is not supported to be medically necessary. Regarding the request for additional physiotherapy (cryotherapy, moist heat, EMS/interferential, and flexion distraction): The patient recently completed 22 chiropractic visits to include cryotherapy, moist heat, EMS/interferential, and flexion distraction. The patient has already treated in excess of guidelines recommendations without evidence of efficacy with care rendered, without evidence of acute exacerbation, and without evidence of a new condition; therefore, the request for additional physiotherapy sessions is not supported to be medically necessary. Additionally, this patient's injury occurred on 11/01/2010, nearly 4 years ago, and is no longer considered during the early phase of pain treatment; therefore, passive therapies are not supported to be medically necessary. Regarding the request for additional therapeutic exercise: The patient recently completed 22 chiropractic visits to include therapeutic exercise. The exercises and activities supported by MTUS do not require ongoing supervision, special equipment, or gym or clinic setting in order to be performed. The instructions received during prior therapeutic exercise visits should be sufficient to have educated the patient to continue with a home exercise program. The self-directed individual can perform these activities in the privacy of their home, performed at their convenience and speed. There is no evidence this patient was

incapable of performing a self-directed home exercise program. The request for additional therapeutic exercise visits is not supported to be medically necessary.