

Case Number:	CM14-0124841		
Date Assigned:	08/11/2014	Date of Injury:	03/14/2012
Decision Date:	09/16/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/07/2014

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 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 29 year-old female with a reported date of injury of 03/14/2012. The mechanism of injury was reportedly caused when the injured worker fell down a flight of stairs. Her diagnoses included cervical radiculitis, general myalgias with hyperpathia and allodynia, and joint sprain of the right wrist. Previous treatments include heat, E stim, paraffin, and traction. Diagnostic studies included MRI, ultrasound, and nerve conduction studies, the results of which were not provided within the documentation. The injured worker presented with neck, hand, shoulder, elbow, and wrist pain, rated between 7-9/10. In addition, the injured worker presented with decreased range of motion, reflexes at 2+. A treatment plan included 3x4 weeks of physical therapy to help with range of motion and decreased neurological signs and symptoms. The Request for Authorization for 12 visits of Chiropractic Therapy 3 times a week for 4 weeks on the right shoulder, elbow, and wrist and 12 visits of Physical Therapy 3 times a week for 4 weeks to the right shoulder, elbow and wrist was submitted, signed, but not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Chiropractic Therapy, 3 times a week for 4 weeks to the right shoulder, elbow and wrist: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend manual therapy manipulation 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. The guidelines do not recommend manual therapy manipulation for the wrists. The guidelines recommend treatment parameters, the time to produce effects is 4-6 treatments with a frequency of 1-2 times per week the first 2 weeks, as indicated by the severity of the condition. The clinical information provided for review lacks documentation related to the injured worker's functional deficits, to include range of motion values in degrees. In addition, the request for 12 visits exceeds the recommended guidelines. Therefore, the request for 12 visits of Chiropractic Therapy 3 times a week for 4 weeks to the right shoulder, elbow, and wrist is not medically necessary.

12 visits of Physical Therapy, 3 times a week for 4 weeks to the right shoulder, elbow and wrist: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend physical medicine. 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. 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. The clinical information provided for review lacks documentation related to the injured worker's functional deficits, to include range of motion values in degrees. In addition, the request for 12 visits of physical therapy exceeds the recommended guidelines. Therefore, the request for 12 visits of Physical Therapy 3 times a week for 4 weeks to the right shoulder, elbow, and wrist is not medically necessary.